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**SAN FRANCISCO LESBIAN, GAY AND BISEXUAL
ALCOHOL AND OTHER DRUGS
NEEDS ASSESSMENT STUDY
VOLUME I**

Prepared For:

**Lesbian & Gay Substance Abuse Planning Group
San Francisco, California**

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Appendix A Anonymous Survey

Appendix B Service Inventory Survey

Appendix C Survey Distribution Points

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- The 27 service providers and policy makers who participated in interviews, and the 140 providers who responded to the survey.
- The 748 lesbians, gay men and bisexual men and women who took the time to complete the surveys and by doing so made the most important contribution to this research.

HOW TO READ THIS REPORT

Volume I of this report is organized so that the reader may easily extract the study's primary findings and conclusions as well as locate a wealth of data which substantiate these findings.

To locate the study's overall conclusions and findings, the reader is directed to the Executive Summary, and Sections 1 and 5.

To locate detailed data on individual gay, lesbian and bisexual alcohol and other drug (AOD) use patterns, the reader is directed to Section 3.

Detailed data on current AOD services available to lesbians, gay men and bisexual men and women can be found in Section 4.

A summary of findings on AOD problems among lesbian, gay and bisexual people of color and youth is located in Section 6.

An extensive review of current literature on gay and lesbian AOD problems is contained within Volume II. A summary of the highlights of Volume II is presented in Section 2 of this, Volume I, report.

EXECUTIVE SUMMARY

SAN FRANCISCO LESBIAN, GAY AND BISEXUAL SUBSTANCE ABUSE NEEDS ASSESSMENT

A needs assessment to determine the alcohol and other drug (AOD) abuse problems of San Francisco lesbians, gay men, and bisexual men and women, as well as the availability of services to these populations, was initiated in late 1990. The effort was led by the Lesbian and Gay Substance Abuse Planning Group (LAGSAP), a network of substance abuse service providers in the lesbian and gay communities, and funded by the San Francisco office of Community Substance Abuse Services (CSAS). EMT Associates, Inc., a research consulting firm in Sacramento, was contracted to conduct the study.

The study gathered data on AOD use behavior from 318 lesbian and bisexual women, and 416 gay and bisexual men,¹ through written questionnaires. In addition, 140 service providers completed questionnaires about AOD service availability. Interviews were conducted with policy makers, service providers, and other individuals; and an extensive survey of relevant research and clinical literature was conducted.

Following is a profile of all respondents; summaries of key findings on AOD use are then presented separately for men and women. Key findings on the service system, and implications for future services, are then presented.

PROFILE OF RESPONDENTS

- More gay and bisexual men than lesbian and bisexual women (56 percent versus 44 percent) responded to the survey; compared to other similar studies, the percentage of women respondents was relatively high.

¹The total gay, lesbian and bisexual population of San Francisco is difficult to estimate. Using the generally acknowledged figure of 10 percent, the combined population would be a minimum of approximately 73,000. The San Francisco Office of AIDS estimates a gay and bisexual male population of 40,000 to 60,000. No comparable separate statistic is available for lesbians and bisexual women, but using a range of 10-15 percent of the total female population, a possible 36,000 to 54,000 women would be included.

- While only eight percent of men identified as bisexual, 26 percent of women respondents said they were bisexual. This constitutes a much larger number of bisexual respondents than have been included in similar studies.
- Eighty percent of respondents were Caucasian. The ethnic racial composition of the remaining respondents was 5 percent Latino, 7 percent Black, 4 percent Asian/Pacific Islander, 3 percent Native American, and 3 percent other. Percentages were similar for men and women.
- Average age for men was 35, and for women 32. Average income was slightly higher for men (\$25,598) than for women (\$21,142). Around 45 percent of all respondents reported incomes of under \$20,000 per year.
- Education level was high, with 90 percent of all respondents reporting some college education.
- Twenty-eight percent of men said they were HIV positive; 13 percent said they did not know their HIV serostatus.²
- About 16 percent of men and women said they had a physical disability, and six percent reported having a mental disability.

KEY FINDINGS: AOD USE PATTERNS OF LESBIANS AND BISEXUAL WOMEN

- Lesbians and bisexual women appear to use alcohol and other drugs more often, in greater amounts, and in combination more often than women in the general population.³

²The San Francisco Office of AIDS estimates that 50 percent of gay and bisexual men in San Francisco are HIV positive. This figure is derived from studies of two gay and bisexual male populations, one clinic-based and one recruited from targeted census tracks. See:

Hessal, Nancy, et. al. "Prevalence, Incidence and Progression of HIV Infection in Homosexual and Bisexual Men in Hepatitis B Vaccine Trials 1978-1988." American Journal of Epidemiology, 1989, Vol. 130, pp. 1167-75.

Winkelstein, Warren. "The San Francisco Men's Health Study #3: Reduction in HIV Transmission Among Homosexual & Bisexual; Men, 1982-86," American Journal of Public Health, 1987, Vol 76, pp. 685-89.

³Comparisons are to data on the general population of the western states gathered by the National Institute on Drug Abuse (NIDA) in its National Household Survey on Drug Abuse: Population Estimates 1990, DHHS Publication No. (ADM) 89-1636, 1989.

-
- Nearly 1 out of every 5 (18%) of all lesbian and bisexual women reported using alcohol and/or other drugs at the highest risk level established for this survey, which reflects likely chemical dependency and, for many, addiction. Another 13.5 percent reported AOD use in the next highest risk category, describing use patterns that were potentially problematic. This means that as many as one third of these women currently may be using AOD at risky levels.
 - Thirty percent of all lesbian and bisexual women said they used drugs other than alcohol.
 - The most commonly used drugs by lesbian and bisexual women were alcohol (66%), marijuana (38%), painkillers (29%), tranquilizers (16%) and cocaine (14%). Except for alcohol, these rates are significantly higher than for women in the general population.
 - While lesbian and bisexual women tended to be aware of problems caused by AOD use in their primary relationships, very few report having ended a relationship due to AOD abuse (whether "hers" or "mine"). The data suggest that these women may stay in relationships troubled by AOD use more often than gay and bisexual men.
 - One in seven lesbian and bisexual women said they experienced violence when drunk or high; most of these were in the highest AOD risk category.
 - Beyond "recreation", the purposes for using alcohol cited most often by lesbian and bisexual women were to avoid emotional pain, to fit in with other drinkers, to reduce social discomfort, and to avoid thinking about problems. These women reported using *other drugs* primarily to relax/party, to avoid emotional pain, and to avoid boredom or problems.
 - Twenty-six percent of lesbian and bisexual women said they were in recovery from AOD use; most had been in recovery for more than one year.
 - Bisexual women reported AOD problems at rates that were substantially higher than lesbians.
 - Almost one-half (48%) of lesbian and bisexual women said they had been sexually assaulted as children. About one-third (29%) said they had been sexually assaulted as adults.

KEY FINDINGS: AOD USE PATTERNS AMONG GAY AND BISEXUAL MEN

- Gay and bisexual men appear to use alcohol and other drugs more often, in greater amounts, and in combination more frequently than men in the general population.
- Nearly one-third (31%) of gay and bisexual men reported using alcohol and/or other drugs at the highest risk level established for this survey, which reflects likely chemical dependency and, for many, addiction. Another 11 percent reported AOD use in the next highest risk category, describing use patterns that were potentially problematic. This means that as many as 42 percent of gay and bisexual men currently may be using AOD at risky levels.
- Forty percent of all men said they used drugs other than alcohol.
- The most commonly used drugs by men were alcohol (75%), marijuana (50%), amyl nitrate (27%) painkillers (26%), amphetamines (18%) and cocaine and tranquilizers (17%). Except for alcohol, these rates are significantly higher than for men in the general population.
- AOD use is a significant factor in unsafe sexual practices and HIV transmission. The high rates of use of amyl nitrate, amphetamines and cocaine are particularly dangerous since these drugs are linked with unsafe sexual practices. In addition, one-third of HIV positive gay and bisexual men said they had unsafe sex during the past year while drunk or high, as did 28 percent of men reporting use at the highest risk level (more than twice the rate for each of the next two risk levels.)
- One in five gay and bisexual men reported experiencing violence while drunk or high; most of these were in the highest AOD use risk category.
- Beyond "recreation", the purposes for using alcohol cited most often by gay and bisexual men were to feel less shy, to avoid emotional pain, to fit in with other drinkers, and to avoid boredom or problems. These men reported using *other drugs* primarily to relax/party, to have sex, to avoid boredom or problems, to feel less shy, and to avoid emotional pain.
- Twenty-eight percent of gay and bisexual men said they were recovering from AOD use; about half of these had been in recovery for more than a year.

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- More than one-quarter (28%) of gay and bisexual men said they had been sexually abused as children, and 14 percent had been sexually assaulted as adults.

KEY FINDINGS: SERVICE AVAILABILITY

- It is impossible to determine how many gay and bisexual men, and lesbians and bisexual women receive AOD services, since programs are not mandated to collect statistics on program participants' sexual orientation.
- A handful of programs provide some AOD services to gay men; only one targets lesbians. No residential program exists for lesbians, and only one for gay and bisexual men.
- More AOD services are available to gay men than to lesbians. Several of these are linked to HIV prevention, treatment, and support programs.
- While the majority of programs serving the general population appeared aware that they served lesbians, gay men, and bisexuals, many seemed uncomfortable dealing openly with sexual orientation issues. Half of these programs said they provided some form of sensitivity training to staff about gay and lesbian issues, but less than one third have formal policies addressing homophobia among staff and other clients. Similarly, only one third provide any visual welcoming clues, such as brochures, posters, or other written material that specifically address lesbians or gay men.
- While one quarter of gay and bisexual men, and lesbian and bisexual women reported participating in 12 Step Programs, and around 16 percent said they were seeing professional counselors for AOD problems, twice as many men than women reported receiving services from an AOD inpatient or outpatient facility. This suggests a lack of services, or barriers to services, for lesbian and bisexual women, rather than low demand.

SERVICE IMPLICATIONS

Given the higher rate of AOD abuse among gay and bisexual men, and lesbian and bisexual women, including a substantial proportion of polydrug abuse, the following implications for service emerge from this study:

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- Gay men, lesbians, and bisexual men and women appear to be significantly underserved at every point on the service continuum. Lesbians are particularly underserved, and bisexuals appear to be invisible to the service system.
 - Availability of services appears to be limited by three key factors:
 - lack of services specifically targeting these populations;
 - lack of sensitivity and openness among AOD-related programs serving the general population; and
 - cost of services and waiting lists.
 - To allow for more effective planning of AOD services, AOD programs should be required to keep statistics on the sexual orientation of their clients. Programs should receive technical assistance on developing sensitive methods to obtain this information, and on creating an open and supportive atmosphere for lesbian, gay, and bisexual clients.
 - The clear connection between AOD use and unsafe sex practices among gay and bisexual men indicates the need for continued and expanded linkage between AOD and HIV prevention efforts.
 - The high number of lesbian and bisexual women reporting current relationships with significant others indicates the need to include partners and address co-dependency and family issues in their AOD treatment. In addition, the high number of lesbian and bisexual parents indicates a need for AOD programs to deal with child care issues, as well as provide services for children of lesbian and bisexual alcoholics/addicts.
 - Programs should be prepared to address relationship violence, anger control and other aspects of violence and victimization as a central part of AOD treatment for gay men, lesbians and bisexual men and women.
 - Very little AOD prevention work is being done that does not relate to HIV prevention. Most prevention efforts targeting women focus on perinatal effects of AOD use. Lesbians are, therefore, not being targeted for any significant prevention efforts.

SECTION 1

INTRODUCTION

In the Spring of 1990, the Lesbian and Gay Substance Abuse Planning Group (LAGSAP), an informal networking group of gay and lesbian alcohol and other drug service providers from a variety of San Francisco agencies, received a commitment from the San Francisco office of Community Substance Abuse Services to support a study of alcohol and other drug (AOD) needs of the San Francisco lesbian, gay and bisexual communities. Their decision was based on several factors: concern over a lack of AOD services targeting these groups; the connection between HIV transmission and AOD use; and, a dearth of information available on lesbian, gay and bisexual AOD use and services. These groups represent a substantial minority population of San Francisco with estimates ranging from 40,000 - 60,000 gay and bisexual men, and 36,000 - 54,000 lesbians and bisexual women. This represents 10 to 15 percent of the total San Francisco population.¹

LAGSAP solicited proposals from a number of consultants, and chose a Sacramento-based firm, EMT Associates, to conduct the study. The overall goals of the needs assessment were as follows:

- To identify AOD use patterns and problems among gay and bisexual men, and lesbian and bisexual women.
- To determine the level of services available to meet these needs.
- To identify gaps in services.

¹Source: For gay men, the San Francisco Office of AIDS. The percentage of lesbians is calculated on the basis of 10-15% of the general population.

1.1. PROJECT ORGANIZATIONAL STRUCTURE

The project spanned an eight month period, from November, 1990 to June, 1991. Two half-time San Francisco-based field workers, one lesbian and one gay man, were hired by EMT to perform data gathering activities. The field workers were recruited by LAGSAP members, and were screened by LAGSAP and EMT staff. One field worker was involved in the project for five months, and the other for four months.

Project meetings were held every other week, alternating in Sacramento and San Francisco, with EMT and field staff. EMT staff also stayed in frequent contact with two LAGSAP members who had been selected by the group as primary contact persons. These people, plus other LAGSAP members, reviewed all data gathering instruments and provided invaluable assistance in designing the overall study.

1.2. STUDY METHODS

The needs assessment utilized five methods to gather information about lesbian, gay and bisexual AOD needs, problems and services:

- Survey of the literature An EMT contract researcher conducted an in-depth survey of professional literature addressing lesbian and gay AOD needs and problems. The survey resulted in an extensive report which constitutes Volume II of this report, and which is summarized in Section 2.
- AOD use survey of lesbians, gay men, and bisexual men and women A 209-item survey was distributed throughout the gay, lesbian and bisexual community in San Francisco over a two month period (April and May, 1991) to gather data on AOD use patterns and problems among these groups (see Appendix A). Several methods of distribution were used, including publication in the April, 1991 edition of the *Bay Times*, a monthly newspaper for the Bay Area lesbian, gay and bisexual community with a circulation of 40,000.

Other venues of distribution were through local gay and lesbian businesses, bookstores, organizations, and AOD and other service agencies, as well as personal networks of LAGSAP members and the field workers. A list of distribution points is included in Appendix C. Data from these interviews is

summarized in Section 3 of this report. A total of 748 surveys were returned in time to be included in the data analysis.

- Interviews with targeted populations LAGSAP hoped that this survey would gather data on people who traditionally have not been a part of previous research on gay and lesbian AOD use. These included people of color, youth, and homeless or low income people. The two field workers were assigned the task of conducting indepth interviews with people from these groups, in an effort to gather anecdotal information about their needs and problems.

This effort was only partially successful. One field worker became ill and was unable to conduct her interviews. The other field worker was able to do so, and concentrated on interviewing African American gay men. A LAGSAP member replaced the original lesbian field worker, and was able to collect some data from low income and homeless lesbians. Data from these interviews is summarized in Section 6 of this report.

- Interviews with key service providers and policy makers EMT staff and project field staff interviewed key people in the AOD and health field in San Francisco to gain their perspective on the AOD service needs of lesbians and gay men. These data were used to construct the service provider survey (see below), and contributed to the overall analysis of the service system contained in this report.
- Survey of service providers A 136-item survey to determine what AOD services were currently available to lesbians and gay men in San Francisco was sent to over 700 providers in the city. These included AOD-focused programs, as well as health, mental health, and selected social service agencies. Both lesbian and gay-oriented programs and mainstream programs were included. Data gathered from this survey comprise the bulk of Section 4 of this report.

1.2.1. Limitations of the Study

Results from the individual AOD use survey cannot be generalized to the entire gay and lesbian population of San Francisco. It was not a random survey and there is no way to determine with any degree of confidence what is the total universe of all gay men and lesbians in San Francisco. In addition, since the instrument was a lengthy paper and pencil survey, it was returned only by people who could read and who were motivated to fill out and return such a survey.

The survey was also limited in its distribution methods. The largest portion (about 54%) were returns from the *Bay Times* and, therefore, reflected its readership. The demographic profile of the respondents shows that this survey was most likely to be returned by gay men and lesbians who were white and well-educated.

Because of these limitations, the researchers decided to not apply rigorous statistical tests to the data to determine levels of significance. These tests assume random selection from a clearly defined and accessible population. This assumption does not apply in this study. Thus, particularly when percentages being compared are close, or when they reflect small numbers, interpretation must be cautious.

In spite of these limitations, the survey was successful in gathering data from a much larger number of lesbian respondents than any previous local studies. Indeed, the study sample is one of the largest among all studies of lesbian and gay AOD use conducted to date nationally. A surprisingly large percentage of women respondents identified as bisexual (about 24%), providing the first substantial group of bisexual women ever studied regarding their AOD use.

While limitations must be recognized, there are other reasons for having confidence that the survey results do not seriously distort the nature and degree of AOD use in the gay and lesbian community. First, the methods of distribution ensured that they survey would reach a variety of segments of the population. This multiple method approach dilutes the systematic bias evident in using personal networks or single institutions as modes of distribution.

Second, the instrument was presented in an "easy to complete" format, reducing barriers to completion by less motivated or busier respondents.

Finally, concern was voiced that people who have active AOD problems would be unlikely to return the survey, thus skewing the results to show a lower incidence of the problem than truly exists. As will be seen in this report, people with active AOD problems did return the survey in substantial numbers, suggesting a level of concern among the population about this problem that surpasses denial.

1.3. BACKGROUND OF PREVIOUS EFFORTS

This is not the first attempt to study AOD problems among gay men and lesbians in San Francisco. In 1983, a similar needs assessment was conducted under a contract with CSAS, and in conjunction with the Lesbian and Gay Substance Abuse Task Force. In 1988, a "window survey" was conducted to determine the number of lesbian and gay clients in San Francisco alcohol and drug treatment programs. In addition, the Office of Lesbian and Gay Health Services has advocated for the AOD needs of gay men and lesbians in San Francisco, as do various HIV related policy making groups.

AOD problems among gay men have been pushed to the forefront by the HIV epidemic. It is now clear that intravenous (IV) drug use is not the only way in which drugs play a part in HIV transmission. Research continues to show that alcohol and non-IV drugs act as disinhibitors in sexual behavior, making it more likely that a person under the influence will engage in unsafe sex. In addition, AOD use contributes to compromising the immune system, thus hastening the development of AIDS (Acquired Immune Deficiency Syndrom) and ARC (AIDS Related Complex) symptoms.

AOD problems among lesbians have not been in the spotlight outside the lesbian community, unless in conjunction with HIV transmission. Yet the little research that does exist has demonstrated higher use rates among lesbians as compared to their heterosexual counterparts. The need to document lesbian AOD use was a particularly high priority of this survey.²

1.4 INCLUSION OF BISEXUALS IN THE STUDY

For purposes of this study, "bisexual", "gay" and "lesbian" are considered to be identities which individuals claim and ascribe personal meaning, and not discrete objective categories of sexual behavior or orientation. An individual may identify as bisexual,

²See Volume II, Review of the Literature, for a more complete discussion of these findings.

heterosexual or gay/lesbian at different points in his or her life. Traditionally, heterosexual opinion has considered bisexual behavior to signify lesbian or gay orientation, while lesbian and gay opinion tended to view bisexuals as either unwilling to embrace the less socially acceptable gay/lesbian identity, or as heterosexuals who were "experimenting." Among gay and lesbian AOD abusers, it is not uncommon for people entering recovery to identify as heterosexual or bisexual, but gradually coming to accept a lesbian or gay identity as their ambivalence and internalized homophobia are dealt with.

In the few past years, a growing number of women and men have become more vocal in their insistence that their bisexual identity be acknowledged and respected by both the heterosexual and gay/lesbian community. The question of how prevalent is bisexual behavior among gay men and lesbians is particularly important in considering HIV transmission risk.

This study does not attempt to interpret the meaning of findings which appear substantially different for bisexuals. The fact that 25 percent of women responding to the survey identified as bisexual suggests as minimum that much more needs to be learned about this population.

1.5 SUMMARY

This study is an effort to expand the knowledge base about AOD use and problems among gay men and lesbians in San Francisco, so that services can be planned and implemented more effectively. Data gathering methods included surveys of providers and individual gay and bisexual men, and lesbians and bisexual women, interviews and a literature review. While not generalizable to the total San Francisco lesbian, gay and bisexual population, the study does offer some interesting and important findings that suggest patterns of AOD use and needs for services among these populations.

SECTION 2

REVIEW OF THE LITERATURE

This section offers summary excerpts from the complete literature review conducted for this study, found in Volume II. For bibliographic sources of citations, see Volume II.

Prevention specialists increasingly argue that more attention needs to be directed toward populations at risk of developing high prevalence rates of heavy or problematic alcohol and other drug (AOD) use. This is viewed as a more cost effective use of limited resources for reducing overall AOD problems in this country. Furthermore, prevention and intervention efforts targeted at the general population have not been found effective in dealing with special populations at high risk. Identifying and studying such populations is thus important for the allocation of scarce resources as well as designing effective prevention and intervention (e.g., treatment) programs.

Gay men and lesbians, who comprise an estimated 6 percent to 10 percent of the US population (Bell and Weinberg 1978), have long been identified by clinicians and practitioners as at high risk of AOD abuse and related problems. Indeed, Ziebold and Mongeon (1982:5-6) characterize alcoholism and addiction among sexual minorities as a "*devastating public health problem...calling for intensive prevention efforts.*" That most gays and lesbians "*survive and lead useful lives*" without succumbing to this problem is, they assert, "*testimony to their extraordinary strengths.*" Nevertheless, considerable uncertainty surrounds the prevalence, patterns, and correlates of use within this population. There has been a pronounced lack of research on AOD use among sexual minorities. None of the few broadly based studies of gay and lesbian populations have systematically assessed AOD

abuse (e.g., Bell and Weinberg 1978; Saghir and Robins 1973); few AOD studies have been conducted specifically on sexual minorities; and sexual orientation has been almost totally ignored as a correlate of use among general population AOD studies.

Over the course of the 1980s, the situation has improved somewhat, in large part because of advocacy within the gay and lesbian movements and concerns over the connection between AOD use and HIV disease. Nevertheless, there are still large gaps in our knowledge. The research that has been conducted has focused far more on gay men than lesbians, and on alcohol than other drugs. Much of it also is of limited value because of methodological problems in sample selection and size (Nardi 1982; Stall and Wiley 1988). Accurately determining the prevalence of AOD use and related problems among sexual minorities is complicated because much of this population is "hidden" throughout the general community and hence not easily identifiable for study or survey (Israelstam and Lambert 1989:55). Nardi (1982a:9) stresses the difficulty faced in research in this area as follows: *"Alcoholism [or other drug addiction] is difficult enough to define, and finding a cross-section of homosexuals (both open gays as well as those still repressed) is unrealistic."* Because of this difficulty, most of the discussion of AOD abuse within this community is based on clinical reports, or limited or biased studies, especially due to inadequate sampling (McKirnan and Peterson 1989:546). Much of the early data were derived from small, unrepresentative samples of hospitalized or imprisoned populations.

While studies in the 1970s broadened their perspective into the gay and lesbian community, most still consisted of small convenience samples, mostly of bar patrons. Bars provide unequalled access to samples because they are one of the few settings in which sexual minorities assemble publicly. However, although bar patrons certainly are among the most visible gays and lesbians, they may not be an accurate representation of the general gay and lesbian population. The number and representativeness of gays and lesbians who indulge in a bar-centered lifestyle is not documented (Israelstam and Lambert 1989:56). Even among heterosexuals, bar patrons contain a proportion of heavy drinkers far

outweighing that of the general populace and may also include more than their share of drug users (Clark 1981). Several research studies conducted since the mid-1980s have tried to overcome these sampling biases, but the problems of studying this "hidden" population still presents a formidable challenge.

This review summarizes the current state of knowledge about: (1) the prevalence and patterns of use among gays and lesbians; (2) correlates of use or factors that place at high risk of abuse or related problems as well as protective factors which may ameliorate other risk factors; (3) the relationship between AOD use and risk of HIV infection; and (4) prevention and intervention. As much as possible, we have differentiated the data between alcohol and other drugs and between gays and lesbians. Although there are similarities in use of both licit and illicit substances, it is important to discern how the use of specific drugs relates to risk of developing AOD-related problems. Equally, although lesbians and gays have a great deal in common, differences between them may have significant prevention and intervention implications.

2.1 USE PREVALENCE

Although early studies found AOD use, abuse, and problems to be exceptionally higher among sexual minorities than heterosexuals, most of these studies were flawed, especially by sampling bias. More recent, broadly-based surveys have reported use prevalence rates higher than in the general population, but evidence regarding levels of heavy and problem use is more inconclusive. The gay and lesbian community is at high risk of AOD abuse, but the degree of difference between them and the general population clearly requires further investigation. Multiple drug use among young gay males and alcohol abuse among lesbians would particularly warrant attention.

Regarding alcohol, neither of the two major recent studies by Stall and McKirnan and their colleagues found rates approaching the long-quoted 30 percent alcoholism rates. Indeed, McKirnan found no significant differences in heavy use between the gay and lesbian

community and heterosexuals. On the other hand, whereas Stall found no extreme differences in rates of problem drinking McKirnan found higher rates of dependency-loss of control problems. Differences appear greater between lesbians and heterosexual women than between gay and heterosexual men: lesbians generally were much more similar to gay men in their AOD use than to women in the general population (i.e., there are less pronounced gender differences).

Regarding other drugs, it is difficult to draw any firm conclusions on the basis of the limited data available, but it appears that both gay men and lesbians become more involved in the use of some specific drugs than the general population and that they tend to use a greater variety of drugs. It is not evident that they are significantly more heavy consumers of the most popular recreational drugs. The most consistent finding is the exceptionally high rate of nitrite inhalant use among gay men. Again, gender differences were more pronounced among heterosexuals than sexual minorities.

2.1.1 Age Factors

The findings further point out the importance of studying different age categories and the need to devote more attention to older gays and lesbians, among whom there is less of a decline in alcohol use over time than occurs among heterosexuals. Differences in use among those over age 34 clearly warrant further attention as Stall found few use differences between older gay and heterosexual males, unlike McKirnan.

In this regard, although young males are clearly the population most at risk, we know very little about adolescent gays and lesbians. Research is specially needed concerning sexual orientation and AOD use among runaway youth, many of whom become involved in homosexual acts even if they do not self-identify themselves as sexual minorities. Youth forced to living on the streets experience more severe drug problems than students, and many become involved with homosexual acts for survival. The Larkin Street Youth Center in San Francisco reported that more than 75 percent of their clients identified as gay had

serious and chronic disorders. The Los Angeles Suicide Prevention Center found a strong correlation between substance abuse and suicide attempts among gay young people (USDHHS 1989:3-129).

2.1.2 Ethnicity

Another major gap in our knowledge is differences among ethnic groups. Recent studies have largely ignored ethnic subgroups, and only a few discussions have been published (e.g., Icard and Traustein 1987; NIDA 1989; Sandoval 1977). Reflecting this problem, similar to general AA demographics, gay and lesbian AA members are primarily white and middle-class (Paul, Bloomfield, and Stall. Forthcoming).

Clearly, far more research is needed if we are to accurately determine the prevalence of AOD use, abuse, and related problems among gays and, particularly, lesbians. In regard to alcohol, information is especially needed on patterns of drinking (beverage preference, drinking styles, number of drinks per occasion) (Israelstam and Lambert 1989:63). Well-controlled studies with larger and more representative nonclinical samples of sexual minorities are much needed. Another problem is the lack of adequate heterosexual controls. Although samples of sexual minorities have become more representative, in most cases the findings are compared with data derived from other general population studies rather than an experimental control group.

2.2 CORRELATES OF USE

A review of the literature provides support for aspects of many etiological theories for AOD abuse. As has been noted for the general population, the origins of AOD abuse among gays and lesbians is undoubtedly multifactorial, with the risk any individual faces contingent upon the quantity of risk factors that person experiences. Little can be concluded with certainty about specific factors, but it does appear that the specific role of gay bars in the etiology of alcohol abuse and problems has been over-emphasized, especially

among lesbians, and that situational stresses play an important role. Among gay males, the association between substance use and sexual activity has major implications in light of the risks this poses for HIV infection, as discussed below.

Among lesbians, there is little evidence that higher rates of drinking are due to significant personality differences, including greater male orientation, than heterosexual women, but high levels of stress that are part of being a lesbian as well as toleration of drinking within the population may play an important role. More uncertainty surrounds the importance of bars. The greater gender differences observed are no doubt related to the inconsistency in traditional sex-role expectations of women with both AOD use and the frequenting of bars (McKirnan and Peterson 1989a). The role of family alcoholism also warrants further investigation. It may well be that the overriding cause of higher levels of drinking among lesbian than heterosexual women are that the former simply lack the constraints that have traditional limited drinking among women. As their evidence indicated that gay men, heterosexual men, and lesbian women had comparable rates of excessive and problem drinking, Lewis, Saghir, and Robins (1982) suggest *"that environmental factors selectively protect heterosexual women from pathologic drinking habits."*

It should be observed again that the research has been almost exclusively on white populations. The information relating AOD use to stress and oppression among sexual minorities again points to the need for more information about gay ethnic minorities, who arguably face even more stress than gays in the mainstream population. The USDHHS (1989:3-122) observed: *Ethnic minority gay youth "face more severe social and cultural oppression than other gay youth and far more serious problems than other adolescents."*

2.3 AOD USE AND HIV DISEASE

Taken together, available studies suggest a rather strong relationship between AOD use and high-risk sexual activity, at least among high-socioeconomic status gay and bisexual men during the mid-1980s, when HIV transmission was at its peak among this population.

AOD use clearly should be viewed as a barrier to adoption of safer sexual practices for the prevention of HIV transmission. Again, nitrite inhalants emerge as especially implicated in risky behavior. However, at this point the evidence indicates that the primary cause of this relationship is the close correspondence of drug use and high risk sexual practices due to disinhibiting effects, the association that develops among many gay men between AOD abuse and high-risk sexuality, and even use of drugs to facilitate these practices, as in the case of nitrite inhalants.

In light of Siegel et al.'s (1989) and Ostrow et al.'s (1990) finding that this risk factor applied more to illicit drugs more than alcohol, possible drug differences need to be examined, although other studies implicated the use of alcohol as much as other drugs. Given the sexual disinhibiting effects historically associated with alcohol, this finding warrants further research, especially in light of McCusker et al.'s (1990) finding that their sample reduced use of other drugs but not alcohol. More research needs to be undertaken to determine what proportion of the gay population abuse alcohol and other drugs in general, what proportion combine drug use with risky sexual behavior, and what proportion also use needles.

2.4 CONCLUSION

Much more needs to be learned about the epidemiology of AOD use within the gay and lesbian communities, and subgroups within them if we hope to develop more effective prevention and intervention programs. Research needs to employ careful sampling strategies, including comparison samples outside of the "magnet" gay ghettos in coastal urban centers, bars, and other convenience samples (Stall and Wiley 1988). We need to use common measures of problems associated with AOD use, quantity of drugs consumed and compulsive use. Ethnographic participant observation studies of the social settings in which use occurs needs to be conducted to help interpret the epidemiological survey data. The unanswered questions far outnumber those for which we have answers. What ethnic, class,

or geographically-defined subgroups experience greater AOD-related problems? What are the predictors of problematic AOD use and abuse within these populations? What are the consequences of different patterns of use?

The evidence that is available cautions against making any definitive statement and casts doubt on the assertions that AOD abuse is exceptionally high in this population. At the same time, it substantiates that this is a population at high risk that AOD use will develop into abuse as well as contribute to the risk of developing AIDS. This is a population which clearly needs to be the focus of concerted campaigns to prevent health and social problems associated with recreational use of alcohol and other drugs.

Although there is much that needs to be learned and done to address the prevention and treatment needs of sexual minorities, actions taken by the City of San Francisco have already demonstrated that a rise in service utilization and satisfaction can be achieved. Given the complexity of the etiological influences on AOD use among sexual minorities and the diversity of their needs, the most effective programs are those that are most comprehensive. The San Francisco policies which have contributed to higher rates of sexual minorities reported by treatment providers (see Morales and Graves 1983; Vasquez, Frazer, and Stevenson 1989) include financial support of treatment programs for this population, working with mainstream programs to expand the size of their gay/lesbian staff, improving the sensitivity of their heterosexual staff, monitoring programs for evidence of sexual discrimination, conducting outreach efforts, and providing services for the partners of recovering gay substance users.

To fully address the needs of the community a comprehensive prevention and treatment program must be undertaken that will first attempt to heighten community consciousness and sense of responsibility regarding the adverse effects of AOD use and so change attitudes, social systems, and behaviors within the communities. Community norms must be influenced by providing alternative outlets for recreation and socialization. This will help to both prevent future problems and maintain recovery. At the same time, programs

must reach out to encourage more AOD-dependent sexual minorities into treatment programs, and that will provide them with effective therapy and support to be functional without alcohol or other drugs. It requires creating a supportive environment aimed at building self-esteem, promoting self-actualization, and improving coping skills and competencies. To do so requires an understanding of the diversity of the gay and lesbian communities and the need to tailor prevention and intervention efforts at specific population types and individual lifestyles and characteristics. There are no simple methods or approaches applicable for all gays and lesbians.

SECTION 3

ALCOHOL AND OTHER DRUG USE PATTERNS AND PROBLEMS AMONG LESBIANS AND BISEXUAL WOMEN, AND GAY AND BISEXUAL MEN

Recent research on lesbian, gay and bisexual alcohol and other drug use (AOD) indicates some significant differences between these populations and their heterosexual counterparts, as well as among one another. This study attempted to learn more about gay, lesbian and bisexual AOD use through a 209 item survey that gathered data on the following:

- type of drug used and frequency of use
- context and setting of use
- purpose of use
- alcohol and drug related problems
- help seeking behavior

In addition, the survey gathered demographic data about each respondent, as well as information about current living situations, HIV serostatus, and a limited amount of information about attitudes toward gay or lesbian identity.

The survey was distributed through personal networks; selected gay, lesbian and bisexual organizations; outreach at bars, parks, homeless shelters and a housing project; and through recovery programs, health agencies, and other social service organizations. In addition, the survey was published in the March edition of the *Bay Times* newspaper, with a circulation of 40,000. Through these efforts, 748 surveys were returned over a two month period, and were included in the data analysis. Of these, 403 (54%) were from the *Bay Times*.

This section presents an analysis of the data gathered from this survey. All data were analyzed separately for men and women; within these two categories, the data were further separated into lesbian and bisexual women, and gay and bisexual men.

The data are organized as follows:

- Profile of survey respondents
- Alcohol and other drug use patterns and risk levels
- Alcohol and drug related problems
- Context, setting, and purpose for higher risk users
- Help seeking behavior

3.1. PROFILE OF SURVEY RESPONDENTS

If generalizations can be made about all survey respondents, it appears that they were primarily white, well-educated, employed, and with firmly established gay, lesbian or bisexual identities. Of the 748 respondents, 44 percent (327) were women. Seventy-seven percent were white, and 87 percent reported having at least some college education. (A surprising 31 percent reported post-college educations.) Seventy-three percent were employed, and 26 percent reported being full or part-time students. Average age for the entire set of respondents was 34.

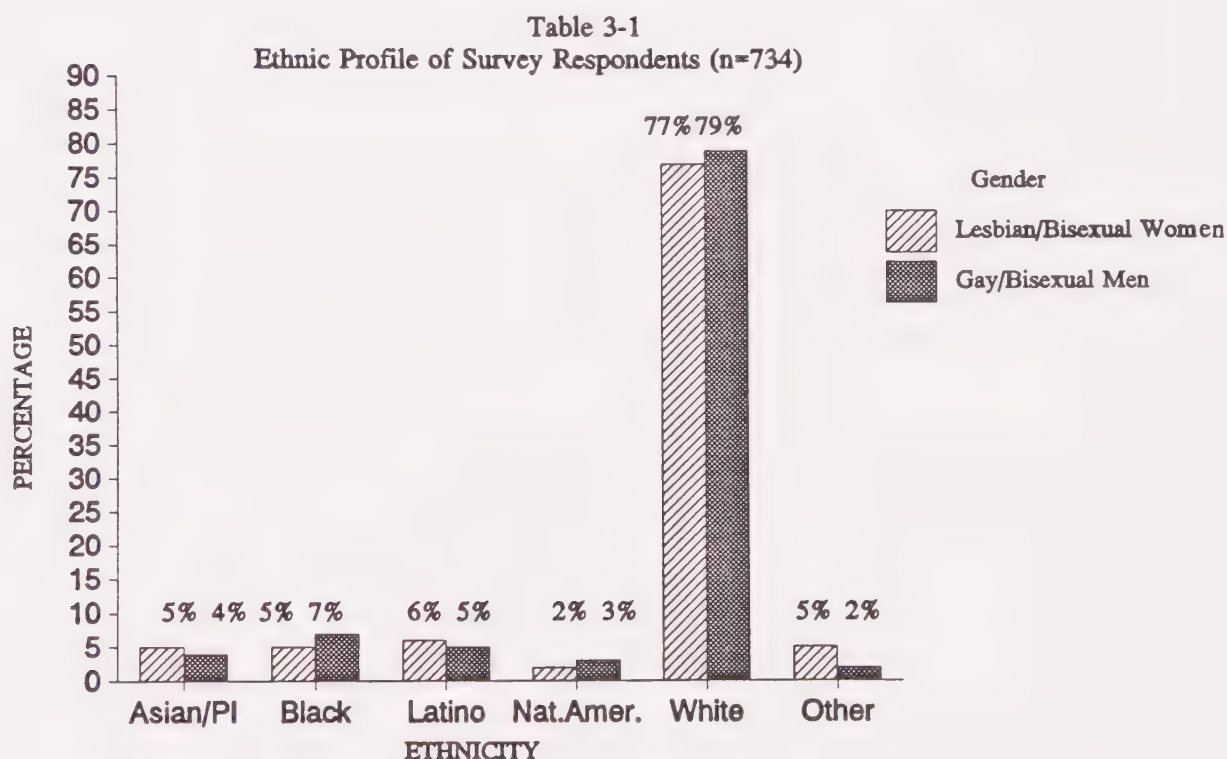
Over half (54%) reported belonging to at least one gay or lesbian organization. Three-quarters said they had self-identified as lesbian or gay for six or more years. Most lived alone or with roommates (35 percent for each), with 23 percent reporting living with a lover. Thirty-seven percent indicated that they were in a primary relationship with a lover at the current time.

Of the 327 female respondents, 240, or 74 percent, identified themselves as lesbians. One respondent identified himself as male, lesbian and transsexual. Twenty-four percent of all women described themselves as bisexual. Among the 421 male respondents, 382 (84%) identified themselves as gay, and 35 (8%) as bisexual. Ten people said they were heterosexual, and these respondents' data were not used in the analysis.

The following sections present demographic and personal data for lesbians and bisexual women, gay and bisexual men. The data will be presented according to data category, and comparisons will be made among the four respondent groups in relation to each set of data.

3.1.1. Ethnicity

Table 3-1 displays information about the ethnicity of the respondents.



Nearly eight out of ten respondents identified themselves as white. Black men comprised the largest ethnic minority among gay and bisexual men with a total of seven percent of gay and bisexual men. Latinos comprised five percent of this group, with Native American and Asian respondents accounting for about three and four percent.

Among women, the largest ethnic minority group were Latinas who comprised six percent of all lesbians and bisexual women. Black and Asian women each comprised five percent of this group, and Native Americans two percent.

When compared to the overall ethnic composition of San Francisco, it is apparent that the survey respondents were not representative of the general population. Two groups within the sample approximated their proportions within the total city population. Black gay men comprised seven percent of the sample, compared to the total Black population of 10.9 percent. Native Americans were overrepresented in the sample, with three percent men and two percent women as compared to less than one percent of the total population. Asians were substantially underrepresented when compared to their 29 percent of the total city population. The proportion of Latino respondents also was lower than this group's presence in the general population, where they comprise 13.9 percent.

Although the sample of bisexual men was small (35), it is interesting to note that a third were people of color, a higher percentage than among the other three categories.

3.1.2 Age

The ages of respondents ranged from a low of 18 to a high of 76. For both men and women, the largest majority of respondents -- around 39 percent -- were in their thirties. Table 3-2 displays age data for the four survey groups.

3.1.3 Income and Education

Male and female respondents differed only slightly in regards to income and education level. Table 3-3 summarizes income distribution data for gay and bisexual men, and lesbian and bisexual women respondents.

Table 3-2
Age Distribution of Survey Respondents

<i>Age Level</i>	<i>Women</i>			<i>Men</i>		
	<i>Lesbians</i> <i>n=240</i>	<i>Bisexual</i> <i>n=78</i>	<i>All</i> <i>n=318</i>	<i>Gay</i> <i>n=381</i>	<i>Bisexual</i> <i>n=35</i>	<i>All</i> <i>n=416</i>
No Response	1.6%	0.0%	1.3%	1.3%	0.0%	1.2%
18-20	1.2%	3.8%	1.8%	0.7%	0.0%	0.7%
21-24	10.0%	15.3%	11.3%	7.8%	11.4%	8.1%
25-29	26.2%	28.2%	26.7%	18.6%	17.1%	18.5%
30-39	39.1%	34.6%	38.1%	40.1%	37.1%	39.9%
40-49	17.9%	12.8%	16.6%	23.3%	22.8%	23.3%
50-59	2.5%	2.5%	2.5%	5.7%	5.7%	5.7%
60+	0.8%	2.5%	1.3%	2.3%	5.7%	2.6%
AVERAGE AGE			32			35

Table 3-3
Income Distribution of Respondents

<i>Income Level</i>	<i>Women</i>			<i>Men</i>		
	<i>Lesbians</i> <i>n=240</i>	<i>Bisexual</i> <i>n=78</i>	<i>All</i> <i>n=318</i>	<i>Gay</i> <i>n=381</i>	<i>Bisexual</i> <i>n=35</i>	<i>All</i> <i>n=416</i>
No income	12.9%	18.0%	14.2%	12.3%	14.3%	12.5%
Under \$10,000	10.8%	14.1%	11.6%	12.1%	22.9%	13.0%
\$10,000-\$19,999	20.8%	23.1%	21.4%	16.3%	11.4%	15.9%
\$20,000-\$29,999	24.2%	24.4%	24.2%	24.9%	20.0%	24.5%
\$30,000-\$39,999	11.3%	15.4%	12.3%	16.5%	5.7%	15.6%
\$40,000-\$49,999	10.8%	2.6%	8.8%	6.0%	11.4%	6.5%
\$50,000-\$59,999	3.8%	1.3%	3.2%	4.7%	5.7%	4.8%
\$60,000-\$79,999	3.3%	1.3%	2.8%	2.9%	8.6%	3.4%
\$80,000-\$99,999	0.0%	0.0%	0.0%	1.8%	0.0%	1.7%
\$100,000 +	0.8%	0.0%	0.6%	2.4%	0.0%	2.2%
AVERAGE INCOME			\$21,142			\$25,598

Income data indicate a substantial number of both women and men with low incomes; 42 percent of men and 47 percent of women reported annual incomes of under \$20,000. These figures included around 13 percent of the total sample who reported no income. Similar percentages of men and women are found in each income bracket, with slightly more men than women earning over \$50,000 per year.

Respondents also provided data on various sources of income. Around three-quarters of all respondents reported being employed. About 30 percent of both men and women reported receiving financial help from their families, with the largest "yes" response coming from bisexual women, almost half of whom indicated receiving help from their families. (About the same percentage of bisexual women reported being full- or part-time students.)

A higher percentage of men reported receiving some form of income assistance from governmental sources or student loans. About a quarter of all men said that they received this kind of support, with a third of these reporting receiving disability benefits. Eighteen percent of all women reported receiving income assistance, about one third of whom receive student loans.

Overall, selling drugs is an income source for a small percentage of both male (4%) and female (7%) respondents. The highest percentage (14%) was among bisexual women. Prostitution and other sex work was an income source for six percent of all men and five percent of all women. Again, the highest percentage (15%) was among bisexual women.

The education level of both male and female respondents was quite high, as Table 3-4 illustrates.

Lesbians and bisexual women on the whole were more highly educated than gay and bisexual men. About 63 percent of women were college graduates (including those who indicated post-college education) compared to 55 percent of gay and bisexual men. Fewer than ten percent of men and women reported having had no college level education.

Table 3-4
Education Level of Survey Respondents

<i>Education Level</i>	<i>Women</i>			<i>Men</i>		
	<i>Lesbians n=240</i>	<i>Bisexual n=78</i>	<i>All n=318</i>	<i>Gay n=381</i>	<i>Bisexual n=35</i>	<i>All n=416</i>
Post College	35.0%	30.7%	33.9%	28.8%	34.2%	29.3%
College Graduate	28.7%	26.9%	28.3%	25.7%	25.7%	25.7%
Some College	22.5%	25.6%	23.2%	34.1%	22.8%	33.1%
High School Graduate	5.4%	6.4%	5.6%	6.2%	5.7%	6.2%
Did Not Complete High School	2.5%	5.1%	3.1%	2.1%	8.5%	2.6%

Note: Percentages do not total 100% since some respondents did not answer this question.

3.1.4. HIV Serostatus

The following table summarizes data regarding respondents' HIV serostatus.

Table 3-5
HIV Serostatus

<i>HIV Serostatus</i>	<i>Women</i>			<i>Men</i>		
	<i>Lesbians n=240</i>	<i>Bisexual n=78</i>	<i>All n=318</i>	<i>Gay n=381</i>	<i>Bisexual n=35</i>	<i>All n=416</i>
Positive	3.3%	5.1%	3.7%	28.3%	22.8%	27.8%
Negative	70.0%	67.9%	69.4%	57.4%	60.0%	57.6%
Unknown	25.0%	26.9%	25.4%	12.5%	11.4%	12.5%
Decline to Answer	0.4%	0.0%	0.3%	1.8%	2.8%	1.9%

Twenty-eight percent of all gay and bisexual men identified themselves as HIV positive in the survey, compared to four percent of all lesbians and bisexual women. The number of men who did not know their HIV status (13 percent) was half that of women who did not know (25 percent). The percentage of HIV positive men in this sample is much lower than the estimate of 50 percent of all San Francisco gay and bisexual men who are

thought to have the AIDS virus.¹ Some of the men who reported that their HIV status was unknown, or who declined to answer, are probably HIV positive. The difference also could be a result of the lower average age of this study's sample as compared to the men in the two studies from whom the 50 percent figure was derived.

3.1.5. Disabilities

The rate of self-reported physical and mental disability was similar among men and women. Sixteen percent reported having a physical disability, while six percent identified having a mental disability. Over half of the men's reported disabilities appeared to be HIV related.

3.1.6. Other Personal Data

The survey generated information on several other aspects of respondents' lives. The following is a list of some of these:

- About one-quarter of all respondents, male and female, described themselves as in recovery from alcohol or other drug abuse. (The definition of recovery was left up to the respondent; not all who marked "yes" also abstained from all alcohol and drugs.)
- Around one-third of all male and female respondents reported living alone. About a quarter (somewhat less for men) of all respondents reported living with a lover.

¹The 50 percent figure is used by the San Francisco Office of AIDS and is derived from studies of two gay and bisexual male populations, one clinic-based and one recruited from targeted census tracks. See:

Hessal, Nancy, et. al. "Prevalence, Incidence and Progression of HIV Infection in Homosexual and Bisexual Men in Hepatitis B Vaccine Trials 1978 - 1988," American Journal of Epidemiology, 1989, Vol. 130, pp. 1167-75.

Winkelstein, Warren. "The San Francisco Men's Health Study #3: Reduction in HIV Transmission Among Homosexual & Bisexual Men, 1982-86," American Journal of Public Health, 1987, Vol. 76, pp. 685-89.

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- Half of the women respondents reported being in a primary relationship with a lover at the current time, compared to only 27 percent of men. Among those who said they were in a primary relationship, men were more likely to be living with their lovers than were women.
 - Eleven percent of women and seven percent of men were parents. Eight percent of the women lived with their children or in a household with other children.
 - More women (43%) than men (36%) reported belonging to at least one lesbian/gay or bisexual organization.
 - Almost half (48%) of the women and over a quarter (28%) of the men reported having been sexually abused as children. Thirty percent of the women and 14 percent of the men reported having been sexually assaulted as adults.

3.1.7. Bisexual Respondents

Twenty-four percent of all female respondents and eight percent of all male respondents identified themselves as bisexual. As has been noted in the preceding sections, bisexual men and women respondents differ from their lesbian and gay counterparts in just a few of the characteristics discussed above. Bisexual women are the youngest cohort, and have correspondingly lower levels of income and education. Bisexual men respondents included more people of color.

The reported sexual behavior of bisexual men and women differed. Fifty-seven percent of bisexual men reported having sex with men only or men primarily, while 38 percent of bisexual women said that their sexual activity was with women either exclusively or primarily. One-fifth of both bisexual men and women reported having sex primarily with the opposite sex. Four bisexual women reported having sex with men only, while no bisexual men reported having sex only with women. A slightly higher proportion of women said that they had sex with men and women equally.

These samples are small, making generalizations difficult. What appears to be true at least for these respondents is that bisexual women tend to relate sexually to the opposite sex more often than do bisexual men, although both groups appear to relate primarily to the same sex.

*"I am happy to see more and more gay and lesbian associations and groups adding 'bisexual' to their titles. We bisexuals have been a hidden minority within minorities for too long, and I hope more and more of us can feel comfortable coming out of the closet of the homosexual or heterosexual communities."*²

3.2 ALCOHOL AND DRUG USE RISK LEVELS

The survey asked respondents to describe their alcohol and drug use in terms of type of drug, amount and frequency of use during the past year. Respondents also described what negative consequences have occurred as a result of their alcohol or drug use. The data on type of drug, frequency and amount were analyzed to determine general levels of use by all respondents. This section will first report on general findings about gay, lesbian and bisexual drug and alcohol use, and then will present an analysis of risk behavior.

3.2.1. General Findings on Lesbian, Gay and Bisexual Alcohol and Drug Use

Tables 3-6 and 3-7 display the percentages of lesbians and bisexual women, and gay and bisexual men, who reported any use of 12 kinds of drugs listed in the survey. The drugs are listed in descending order of use, which differed for men and women. Data for bisexual women and lesbians are shown separately because there were some substantial differences between these groups, and because the 78 bisexual women comprised 24.6 percent of female respondents. Data for gay and bisexual men were combined because there were no substantial differences between the two groups in most of their reported drug use, and because the number of bisexual men (35) represented only 8.4 percent of male respondents.

²The quotations in boxes found in this and subsequent chapters are comments from survey respondents.

Table 3-6
Use of Alcohol and Other Drugs
Lesbian and Bisexual Women

<i>Type of Drug</i>	<i>Lesbians n=240</i>		<i>Bisexual Women n=78</i>		<i>Total n=318</i>	
	<i># Users</i>	<i>%</i>	<i># Users</i>	<i>%</i>	<i># Users</i>	<i>%</i>
Alcohol	148	61%	62	79%	210	66%
Marijuana	73	30%	47	60%	120	38%
Painkillers	62	26%	30	38%	92	29%
Tranquilizers	34	14%	18	23%	52	16%
Cocaine	31	13%	13	17%	44	14%
Diet Pills	27	11%	6	7%	33	10%
LSD	19	8%	11	14%	30	9%
Amphetamines	22	9%	7	9%	29	9%
Heroin	6	3%	8	10%	14	4%
Barbiturates	7	3%	6	8%	13	4%
Amyl Nitrate	6	3%	4	5%	10	3%
Crack	7	3%	1	1%	8	3%

Table 3-7
Use of Alcohol and Other Drugs – Gay and Bisexual Men

Type of Drug	Gay and Bisexual Men N = 416		Type of Drug	Gay and Bisexual Men N = 416	
	# Users	Percent		# Users	Percent
Alcohol	313	75	Tranquilizers	69	17
Marijuana	211	50	LSD/Other	40	10
Amyl Nitrate	113	27	Crack	30	7
Pain Killers	110	26	Barbiturates	18	4
Amphetamines	74	18	Diet Pills	16	4
Cocaine	71	17	Heroin, Other Opiates	15	4

Table 3-8 displays the findings of this survey along with findings from four other studies: a 1983 study focusing on gay men and lesbians in San Francisco;³ a 1984 study comparing health status of gay and heterosexual men in San Francisco;⁴ a 1985-86 survey of gay men and lesbians in Chicago;⁵ and the 1990 NIDA Household Survey on Drug Abuse,⁶ with figures broken out for the Western region.

³Edward S. Morales and Michael A. Graves. "Substance Abuse: Patterns and Barriers to Treatment for Gay Men and Lesbians in San Francisco," Community Substance Abuse Services, San Francisco Department of Public Health, 1983.

⁴Ron Stahl and James Wiley. "A Comparison of Alcohol and Drug Use Patterns of Homosexual and Heterosexual Men: The San Francisco Men's Health Study," Drug and Alcohol Dependence, 22 (1988), pp. 63-73.

⁵David J. McKiernan and Peggy L. Peterson. "Alcohol and Drug Use Among Homosexual Men and Women: Epidemiology and Population Characteristics," Addictive Behavior, Vol. 14, 1989, pp. 545-553.

⁶National Institute on Drug Abuse (NIDA). National Household Survey on Drug Abuse: Population Estimates 1990, DHHS Publication No. (ADMHA) 89-1636.

Table 3-8
Comparison of Alcohol and Other Drug Use Rates
As Reported By Five Studies
 (Reporting Use During Previous 12 Months)

Type of Drug	Study								
	1983 San Francisco ⁷		1984 SF ⁸	1985 Chicago ⁹		1991 San Francisco ¹⁰		1990 NIDA-West ¹¹	
	Gay	Lesb.	Gay	Gay	Lesb.	Gay/Bi	Lesb/Bi	Men	Women
Alcohol			94.3	87	85	75	66	77.2	70.6
Beer	79.5	76.0							
Wine	83.1	72.6							
Hard Liquor	77.1	72.9							
Marijuana	75.9	69.8	75.0	56	56	50	38	16.7	10.8
Inhalants	57.5	11.1	57.4	21		27	3	1.3	.4
Amphetamines			21.8			18	9	1.7	4.5
Methamphet.	21.3	11.6							
MDA	21.8	8.5	7.2						
Other Stimul.	12.0	7.0							
Cocaine	52.3	53.5	44.5	23	23	17	14	6.6	4.5
Tranquilizers						17	16	1.9	3.6
Valium	19.3	16.3							
Barbiturates			20.4			4	4	2.6	2.4
Quaaludes	25.6	28.7							
Hallucinogens			11.2			10	9	2.1	1.2
LSD	17.1	5.4							
Mushrooms	19.2	20.2							
Opiates			1.7			4	4		
Painkillers						26	29		
Codeine	12.0	7.5							

⁷Morales, et. al.

⁸Stall and Wiley (data gathered in 1984, article published in 1988; drug use is for past 6 months).

⁹McKiernan and Peterson (data gathered in 1985-86, article published in 1989).

¹⁰This study.

¹¹NIDA Household Survey Western States.

As Table 3-8 indicates, all four of the gay/lesbian studies indicate a much higher prevalence of drug use (excluding alcohol) as compared to the general population. Comparisons among all studies are tentative, since each used different methodologies. The following comments elaborate on the data presented in the preceding four tables.

Alcohol

This needs assessment reinforces the common finding that alcohol is by far the most frequently used drug by both men and women. Sixty-four percent of lesbians and bisexual women and three quarters of all gay and bisexual men reported using alcohol. Bisexual women used alcohol at a rate similar to gay men, with 79 percent reporting drinking during the previous 12 months. Lesbians reported the lowest rates of drinking, with 61 percent reporting alcohol use within the past year.

The percentage of gay and bisexual men who use alcohol is comparable to the rate reported in the 1990 NIDA Household Survey of the general population, which found an overall alcohol use rate of 77.2 percent of the males surveyed. Lesbians report a somewhat lower rate than the NIDA survey female respondents, of whom 70.6 percent said they used alcohol within the past year.

The survey also gathered data on frequency of alcohol use. The following table displays figures for all respondents who reported using alcohol once a day or more, several times a week or more, and several times a month or more (the last two figures are cumulative).

Daily use of alcohol was about twice as common among men than women. When rates for lesbians and bisexual women are separated, daily alcohol use for lesbians is one-third the rate for gay and bisexual men, and one-quarter the rate for bisexual women.

Table 3-9
Alcohol Use Frequencies

Use Frequencies	Women			Gay and Bisexual Men n=416
	Lesbians n=240	Bisexual n=78	All n=318	
Daily +	3.3%	12.8%	5.6%	10.3%
Several times a week or more	21.1%	29.5%	23.2%	28.6%
Several times a month or more	38.0%	62.7%	44.2%	53.3%

"I was suicidal when I was alcoholic. It was the most hideous time in my life. I have been alcohol-free for 18 good years. I am reasonably happy now. I never used drugs, not even poppers, because of the hell I went through with booze. I am healthy, while most of my friends are sick or dead. Clean living pays dividends later in life."

In addition, alcohol is a "base" drug; that is, those who use other drugs almost always use alcohol as well, and conversely, those who use alcohol often use other drugs. Of those who use alcohol, about 40 percent of gay and bisexual men, and 30 percent of lesbians and bisexual women reported using other drugs (excluding painkillers and diet pills).

Marijuana

Marijuana is the next most frequently used drug by both men and women. About half of all gay and bisexual men reported using marijuana, while 38 percent of lesbians and bisexual women said they used marijuana. Twice as many bisexual women as lesbians said they used the drug. The rates are three and a half times higher than for the general population as reported by the NIDA Household Survey.

"I wish marijuana were decriminalized so I could enjoy my weekend evening use without the fear of arrest."

Frequency rates for marijuana use for all target groups are reflected in Table 3-10.

Table 3-10
Frequency Rates of Marijuana Use

Use Frequencies	Women			Gay and Bisexual Men n=416
	Lesbians n=240	Bisexual n=78	All n=318	
Daily +	4.5%	11.5%	6.2%	5.5%
Several times a week or more	10.3%	21.7%	13.2%	11.5%
Several times a month or more	14.4%	35.8%	19.8%	33.8%

While a smaller percentage of lesbians and bisexual women than gay and bisexual men reported using marijuana (38% vs. 50%), a greater percentage of female respondents reported using the drug at higher frequency level, that is, several times per week or more. This trend does not continue with several times per month use, when the men's rate is higher than the women's. Bisexual women's frequency of use rates for marijuana are higher than for both gay and bisexual men and lesbians.

Marijuana, like alcohol, can be considered a "base" drug, with very little exclusive use of the drug reported. The use of marijuana with other drugs excluding alcohol was rare, accounting for only six percent of all marijuana users.

"I'm a former marijuana abuser (4-5x daily). Until 1988, it was a major part of my adult life. There's a tendency to abuse alcohol too, that I'm aware of. I'm currently in counseling, dealing with these and a myriad of other issues."

Inhalants

Inhalants were the next most frequently used drug among gay and bisexual men, with only a three percent use rate reported by women. Twenty-seven percent of gay and bisexual men said they used amyl nitrate or other inhalants. Of these, 5.5 percent reported using the drug several times a month or more. Amyl users also tended to use two or more other drugs at relatively high frequencies. Over 80 percent of all amyl users described using drugs to a degree that placed them in the two highest risk categories (see next section). When compared to the general population, gay men's use of amyl nitrate continues to be considerably higher (27% vs. 1.3%).

"I had unsafe oral sex on two occasions in the last year when I was using poppers. In both instances, I was on the receiving end in an anonymous encounter. I also knew better at the time."

Amphetamines

About 18 percent of the gay and bisexual male respondents in this study reported some use of amphetamines, a category which included speed, crystal methamphetamine and MDA. These rates are much higher than the approximately three percent NIDA Study rate for the total male population. Along with amyl nitrate, amphetamine use is closely linked to unsafe sexual practices. For lesbians and bisexual women, the rate of use reported in this study was nine percent, compared to 2.5 percent female use in the general population reported in the NIDA Household Survey.

Cocaine

Men and women reported similar rates of use for cocaine in this study: 17 percent for gay and bisexual men, and 14 percent for lesbians and bisexual women. Rates of those who used cocaine several times per month or more were 4.1 percent for lesbians, 3.3 percent for gay and bisexual men, and 6.4 percent for bisexual women, making the overall frequent use rate slightly higher for all women than for men.

Cocaine use reported in the current study was still much higher than the NIDA Household Survey findings, which found an overall use rate of about 6.6 percent for men and 5.5 percent for women.

Tranquilizers

Tranquilizers were the fourth most popular drug of choice for lesbians and bisexual women, with 16 percent reporting use within the past 12 months. Gay and bisexual men reported a similar rate of 17 percent use of tranquilizers in this study. These rates are again much higher than the 1988 NIDA Household Survey figures for the general population which found an overall rate of around three percent.

Respondents who reported using tranquilizers several times per month or more were about six percent of lesbians and gay and bisexual men, and 10.2 percent of bisexual women.

Hallucinogens

The rate of hallucinogen use (including LSD, mushrooms and PCP) was similar for men (10%) and women (9%) in this study. Nearly all hallucinogen users reported frequency rates of several times a year or less. These hallucinogen use rates are much higher than the 1 to 2 percent for men and women in the general population reported in the NIDA Study.

"I use psychedelics as a sacrament. Sacramental use of psychedelics is a kind of drug use that will be invisible to your survey, specifically because of the way the survey is written (e.g., I know many people who use LSD who would never dream of using PCP). Your categorization reflects the current lack of understanding in the straight media about this kind of exploration Psychedelics are much used in faerie circles (I am not a faerie) this way, as they are used this way by people all over the world. This survey ignores that field of gay experiences."

Barbiturates

The reported rate of use of barbiturates and other sedatives by both men and women in this survey was low -- 4 percent for each. About half of the barbiturate users reported frequency rates of several times a month or more. These rates are close to the 2.5 rate for the general population reported in the NIDA Study.

Crack

This survey separated crack from cocaine in the list of possible drugs presented to respondents. Nine percent of men and three percent of women respondents reported using this drug. Four out of five crack users reported frequency rates of no more than several times per year. The gay and lesbian rates of crack use are higher than the NIDA rates, which report less than one percent of the general population using crack.

Heroin

Heroin and other opiate use was reported infrequently by lesbians (3%) and gay and bisexual men (4%). Ten percent of bisexual women said they used heroin. Less than half of those who reported using heroin said that they used monthly or more.

Painkillers

This category of drugs presents a methodological problem, since it did not differentiate over the counter from prescription medication. It may include a range of drugs from analgesics to barbiturates and opiates. It was the third most frequently reported category of drug used by lesbians and bisexual women, and a close fourth for gay and bisexual men, with 29 percent of women and 24 percent of men reporting some use of pain killers. Rates of those reporting use of painkillers several times a month or more were similar for gay and bisexual men and lesbians (8.8% vs. 9.9%), with bisexual women reporting 15.3 percent.

Because of the non-specificity of this category, interpretation of the data is limited. Only six percent of painkiller users said that they used no other drug. Users of pain killers appear in all risk categories (see Section 3.2.2) from low to high risk. Of the total number of gay and bisexual men who said they used painkillers, almost three-quarters described other high risk polydrug use. One half of women using painkillers also used other drugs at the two highest risk levels.

Diet Pills, Diuretics and Laxatives

These drugs were listed together to get a sense of how many respondents used drugs as a form of weight control. Use of diet pills probably included some amphetamine use, but it is not possible to determine what percentage of the response might apply. As might be expected, ten percent of lesbians and bisexual women reported using drugs in this category, while gay and bisexual men reported use at less than half of that rate (4%). Only seven women reported using laxative drugs, and only one reported inducing vomiting. Nine men reported bulimic behavior. About a quarter of all users of weight control drugs reported frequency rates of several times per month or more.

"Food, sugar, over-dosing on insulin are/have been ways that I act/have acted out my fear, rage and enormous self-hate. I attend O.A. and Al-Anon and am in therapy. Food is my drug of choice and bingeing is my cry. And it will kill me if I don't work on my recovery! Cunning, Baffling and Powerful describes my disease. It will kill me!"

Abuse of Prescription Medication and Self-Medication of Pain

Other survey items asked respondents about possible abuse of prescription medication, and self-medication of pain. Among men, 8.2 percent reported taking extra doses of prescription medication, while 4.8 percent of women described doing so. Using non-prescribed drugs to self-medicate for pain was reported by 12.5 percent of women and 11.3 percent of men.

"I have a chronic pain problem and sometimes abuse prescribed medicine. I believe this is becoming gradually less serious, as I am doing meditation more often and see the bad side effects more clearly."

Tobacco

The survey dealt with tobacco as separate from the other drugs on the AOD Use Matrix. Over one third (37.3%) of gay and bisexual men said they currently smoked cigarettes; of these, 62.5 percent reported smoking a pack per day or more. A little over a quarter of men said they no longer smoke, but did in the past.

A little less than a quarter of women said they smoked; of these, about one third smoked over a pack per day. Former smokers comprised 38.6 percent of the sample. Of all smokers, nearly two out of five are found in the highest risk AOD category; and about 15 percent said they abstained from other AOD use.

Summary

For both gay and bisexual men and lesbian and bisexual women, the rate of use of alcohol and other drugs reported in this survey is consistently higher than the general population. Rates are somewhat lower than reported in previous gay/lesbian studies, but comparisons are difficult due to methodological differences. Bisexual women tended to report use rates higher than those of lesbians.

Men reported higher overall use rates for alcohol, marijuana, amphetamines, nitrite inhalants, and crack cocaine. Rates were similar for men and women for painkillers, cocaine, tranquilizers, hallucinogens, barbiturates, and heroin. Women reported higher overall use rates for weight control drugs.

Alcohol is the drug of choice for a clear majority of men (75%) and women (66%) Alcohol is a "base drug"; of the male alcohol users, 40 percent reported using at least one other drug occasionally, as did 30 percent of women. About half (44.2% of women and 53.3% of men) use alcohol several times a month or more. The rate of male daily users was

twice that of women (10.3% vs. 5.6%).

Marijuana is the second most frequently reported drug used, with half of the men and 38 percent of the women reporting use within the past 12 months. Marijuana, like alcohol, is also a "base drug", with virtually no exclusive use of the drug reported. Women have a slightly higher frequency rate for use of marijuana, with 13.2 percent reporting use several times a week or more compared to 11.5 percent of men.

Inhalants were the next most frequently used drugs for gay and bisexual men, with 27 percent of male respondents reporting use, primarily of amyl nitrate. Virtually no women (3%) reported using this drug.

Painkillers, a non-specific category that may include analgesics, barbiturates, opiates and other drugs, was the third most frequently reported category for women and a close fourth for men. Painkiller data are difficult to interpret because of this non-specificity; however, painkiller use is high among respondents who report other high risk polydrug use.

For gay and bisexual men, amphetamines, tranquilizers and cocaine were used at similar rates (17-18%). For women, the rate of cocaine (14%) and tranquilizer (16%) use was similar. Men and women reported similar rates of use for hallucinogens (9-10%), barbiturates (4%), and heroin and other opiates (4%). Women reported a higher use of drugs aimed at controlling weight (10% to men's 4%), which was similar to the rate of women amphetamine users (9%). Crack cocaine was used by only three percent of women, compared to seven percent of men. About one third of the men and a quarter of the women smoke cigarettes. Of all smokers, nearly 40 percent are in the highest AOD risk category.

3.2.2 Risk Level Categories

One of the primary purposes of this study is to describe the overall alcohol and other drug use patterns of gay and bisexual men, and lesbians and bisexual women. The previous section which describes the variety of drugs used by these groups indicates that, more so

than the general population, gay men and lesbians tend to use a greater variety of drugs. Because of this finding, the study developed a method of analyzing self-reported use data to reflect a cumulative risk level for alcohol and drug problems among the target population. A simple point scale for various self-reported alcohol and drug use behaviors was developed, and the cumulative results were then analyzed to determine patterns of relative risk.

The purpose of the method was threefold:

1. To accommodate simultaneously a respondent's reported use of both alcohol and other drugs, rather than to deal with them separately, in order to determine a person's overall AOD use risk.
2. To stratify and increase understanding of lower and mid level AOD use, as well as identify clearly high risk use.
3. To include multiple criteria of risk in the analysis.

The method was developed using trial and error, analyzing the patterns of AOD use which emerged in various scoring ranges, and adjusting ranges to establish a conservative estimate of high risk use.

The point system used was a geometric scale of assigned values and is described as follows:

1. Matrix scores: Table 3-11 reproduces the alcohol and drug use matrix which respondents filled in to report their own substance use. Within each cell of the matrix is a number which represents the point value of the answer. For example, use of alcohol several times in the past year is given a value of 1; use of alcohol every day in the past week receives 8 points. An individual's matrix score is the sum of all of the numbers which correspond to that person's use as indicated by an X in each cell. Table 3-12 is an example of how an individual's matrix score is derived.
2. Intoxication: Elsewhere in the survey respondents were asked to indicate how often they became drunk. Those reporting intoxication once a week or more were given 8 points in addition to their matrix score.

An individual's risk score was the total of the values of (a) and (b). The lowest possible score was 0, indicating total abstinence from all alcohol and other drugs (excluding tobacco). The highest possible score was 164. Scores ranged from 0 to 80. These scores were then clustered into categories of similar use. The categories are as follows:

- a) Total Abstinence. Score range: 0. People who reported no use of alcohol or other drugs within the past year are included in this category.
- b) Infrequent use of one drug only. Score range: 1-3. This group included people who indicated using any one drug (not injected) no more than several times per year. It also included people reporting use of either alcohol or marijuana several times per month. Alcohol users in this category reported becoming intoxicated less than once a week.
- c) Regular marijuana and alcohol use, and/or other drug "experimenters". Score range: 4-7. In this group were those who reported using alcohol or marijuana several times per week, excluding those who reported becoming drunk weekly or more. Those who said they used both alcohol and marijuana several times per month, or who used alcohol or marijuana and one other drug several times per year also fell into this category.
- d) Frequent alcohol; regular other drug; broad polydrug Score range: 8-11. Respondents in this category include those who reported daily use of alcohol or those who used alcohol less frequently but who became intoxicated at least once a week. People who said they drank several times per week and also used at least one other drug several times per month were included here. The category also encompassed those who reported use of four or more drugs several times during the year.
- e) Frequent polydrug and/or intensive alcohol: Score range: 12 or higher. At the lower end of this range are found people who reported using two or three drugs, including alcohol, several times per week. Others at the lower end were people who said they used four or more drugs several times per year. At the higher end were those who reported using three or more drugs several times a week or more.

These categories imply a progression of risk in the use of alcohol and other drugs. In this system, the standards of use tolerance for alcohol and marijuana are higher than for other drugs, based on the cultural acceptance and legality of alcohol use, and the assumption that marijuana as a drug may be less debilitating than the other drugs on the list. In each category is found a variety of use patterns, from single, infrequent alcohol use to frequent polydrug use. The categories are meant to suggest possible risk level, and not to determine which pattern within each category is more or less risky. Overall, this method of extrapolating risk level implications from use data are based on two main assumptions:

- The more of any drug taken, the greater the risk; and
- The more drugs taken, the greater the risk.

The risk which increases with these factors is the risk both of addiction, and of alcohol and other drug related problems in living.

Table 3-11
Alcohol and Drug Use Matrix Scoring System

TYPE OF DRUG	FREQUENCY OF USE						DO YOU INJECT THIS DRUG? (Yes / No)
	NONE IN THE PAST YEAR	SEVERAL TIMES IN THE PAST YEAR	SEVERAL TIMES IN THE PAST MONTH	SEVERAL TIMES IN THE PAST WEEK	EVERY DAY IN THE PAST WEEK	SEVERAL TIMES A DAY IN THE PAST WEEK	
Marijuana or hashish	0	1	2	4	8	12	Y / N
Amyl nitrate (poppers) or other inhalants	0	2	4	8	8	12	Y / N
Alcohol	0	1	2	4	8	12	Y / N
Heroin or other opiates (morphine, etc.)	0	2	4	8	8	12	Y / N
Barbiturates (barbs, downers)	0	2	4	8	8	12	Y / N
Tranquilizers or sedatives (valium, etc.)	0	2	4	8	8	12	Y / N
Amphetamines (speed, crystal)	0	2	4	8	8	12	Y / N
Cocaine	0	2	4	8	8	12	Y / N
Crack	0	2	4	8	8	12	Y / N
LSD, PCP, other hallucinogens	0	2	4	8	8	12	Y / N
Pain killers	0	0	4	8	8	12	Y / N
Diet pills, diuretics, laxatives	0	2	4	8	8	12	Y / N
Other: _____	0	0	4	8	8	12	Y / N

Table 3-12
Sample Scoring of an Individual's AOD Use Matrix

TYPE OF DRUG	FREQUENCY OF USE						DO YOU INJECT THIS DRUG? (Yes / No)
	NONE IN THE PAST YEAR	SEVERAL TIMES IN THE PAST YEAR	SEVERAL TIMES IN THE PAST MONTH	SEVERAL TIMES IN THE PAST WEEK	EVERY DAY IN THE PAST WEEK	SEVERAL TIMES A DAY IN THE PAST WEEK	
Marijuana or hashish			X				Y / N
Amyl nitrate (poppers) or other inhalants			X				Y / N
Alcohol				X			Y / N
Heroin or other opiates (morphine, etc.)							Y / N
Barbiturates (barbs, downers)							Y / N
Tranquilizers or sedatives (valium, etc.)							Y / N
Amphetamines (speed, crystal)							Y / N
Cocaine							Y / N
Crack							Y / N
LSD, PCP, other hallucinogens		X					Y / N
Pain killers							Y / N
Diet pills, diuretics, laxatives							Y / N
Other: _____							Y / N

SCORE: Add 2 + 6 + 4 = 12

Substance Abuse Related Problems and Risk Categories

It was assumed that if these categories did represent some progression of risk in regards to alcohol and other drug use, respondents who were included in the higher categories would also report a higher rate of alcohol related problems. The survey presented respondents with a lengthy list of problems that may have resulted from alcohol use. Included were standard risk indicators found in most chemical dependency screening instruments. When these data were analyzed, respondents whose self-reported use behavior placed them in the highest risk category also reported a substantially higher rate of alcohol related problems, as Table 3-13 illustrates.

Clearly, Category 5 respondents by far report many more chemical dependency warning signs than respondents in other categories. It appears that for most problem indicators, respondents in Categories 3 and 4 are fairly similar. A key difference appears to be that Category 4 respondents report being worried about their current drug use at a rate which is twice as high as Category 3 respondents (19% vs. 10%). Worry about current alcohol consumption is reported at a surprising 9 percent rate among Category 2 respondents, who according to their self-reported use are infrequent and light drinkers.

Also surprising are the high percentages of respondents in Categories 2 and 3 reporting drinking or using more than they wanted to on occasion -- ranging from 18 percent in Category 2 to a third of Category 3.

TABLE 3-13
Chemical Dependency Indicators by Risk Categories

<i>Indicators</i> <i>During the past year, have you ever . . .</i>	<i>Risk Category</i>				
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
Been preoccupied with getting drunk or high?	6%	10%	16%	23%	48%
Been told by someone else you have a drinking problem?	1%	5%	11%	13%	36%
Drank or used more than you wanted to?	2%	18%	33%	46%	57%
Experienced loss of memory?	6%	8%	20%	23%	38%
Gotten drunk/high alone?	6%	23%	40%	52%	69%
Missed work or school	2%	6%	12%	16%	36%
Neglected important responsibilities?	1%	4%	10%	11%	33%
Planned to get drunk/high?	3%	21%	43%	46%	67%
Stayed drunk/high for several days?	1%	2%	9%	11%	36%
Do you think you currently have a problem with alcohol abuse?	14%	9%	11%	16%	37%
Had a problem with drug abuse?	14%	2%	10%	19%	37%
Gotten in trouble with the law	0%	4%	3%	7%	15%
Tried to stop using, then gone back?	2%	12%	25%	30%	46%
Stopped spending time with people because they use alcohol/drugs?	55%	44%	46%	51%	41%
Stopped spending time with people because they don't use alcohol/drugs?	1%	4%	5%	12%	24%
Spent more money than you wanted on alcohol/drugs?	1%	14%	28%	40%	68%

Distribution of Respondents Within Categories

This section will describe the distribution of gay and bisexual men, and lesbian and bisexual women among these five risk categories. A later section will analyze additional alcohol and drug related problems reported by respondents within each risk category.

Table 3-14 displays the distribution of gay and bisexual men and lesbians and bisexual women among the five risk categories.

Table 3-14
Distribution of Respondents Across Risk Categories

<i>Risk Category</i>	<i>Women</i>			<i>Gay and Bisexual Men n=416</i>
	<i>Lesbians n=240</i>	<i>Bisexual n=78</i>	<i>All n=318</i>	
1. Abstainers	28.2%	11.5%	23.3%	14.9%
2. Infrequent use of any alcohol or drug	24.0%	7.6%	20.1%	17.1%
3. Regular alcohol and marijuana use, and/or other drug experimentation	22.4%	33.3%	25.1%	26.4%
4. Frequent alcohol; regular other drug; broad polydrug use	11.2%	20.5%	13.5%	10.8%
5. Frequent polydrug and/or intensive alcohol use	14.9%	26.9%	17.9%	31.0%

Category 1: Abstainers

This category includes people in recovery as well as other abstainers. Not all people in recovery were placed in this category. If a respondent indicated being in recovery less than one year, and provided information about his or her substance abuse, he or she was assigned to a risk category based on that information. Of all 147 abstainers, 95 (64.6%) indicated that they were in recovery.

"As a self-identified alcoholic in recovery, I'm proud of myself to be able to fill out this questionnaire. And mindful of the suffering still going on for many."

The highest percentage of abstainers were among lesbians, followed by gay and bisexual men and bisexual women. The percentage of bisexual women abstainers is less than half that of lesbians, and even less that of gay and bisexual men.

Overall, women in this study reported abstention rates somewhat lower than women in the general population (23.3% vs. 29.4%).

The percentage of gay and bisexual men abstainers was 14.9 percent which is lower than the 23 percent reported for men in the general population.

Category 2: Infrequent Use of One or Two Drugs (including alcohol) only

The percentage of gay and bisexual men and lesbians in this category is fairly close (17.1% vs. 24.0%). The percentage of bisexual women in this category is quite low, only 7.6 percent. Most of the respondents in this category used alcohol several times a month or less, and possibly one other drug less than monthly. The other drugs used included inhalants, marijuana and amphetamines. This level of use might be characterized as "casual".

"Please make a distinction between use of, for instance, pot and PCP, and between responsible adult use (occasional glass of wine with dinner; tripping once a year; a couple of joints a month) and the rampant concept of 'addiction' which has become an addiction for this community. Drug use is not by definition drug abuse."

Category 3: Regular Alcohol or Marijuana Use, and/or Other Drug Experimentation

The percentages of lesbians and gay and bisexual men in this category are quite close (22.4% vs. 26.4%), with a third of bisexual women using at this level.

People in this category are either those for whom alcohol or marijuana are a regular (several times a week) part, and/or who occasionally experiment with other drugs. At this level, painkillers and tranquilizers are the next most commonly used drugs along with inhalants, amphetamines and marijuana. All other drugs (except heroin) appear, although in much smaller numbers.

The risk level of use represented by this category might be described as possibly approaching dependence, at least with alcohol and marijuana users. The addition of other drugs including tranquilizers and some barbiturates, along with painkillers not including analgesics, indicate a risky combination of depressant drugs if taken at the same time.

Another element of risk is the increased use of inhalants and amphetamines along with alcohol and marijuana. For gay and bisexual men in particular, this is a combination most often associated with sex, and one which appears to increase the likelihood of engaging in

unsafe sex practices. (The relationship between self-reported unsafe sexual practices and risk levels will be discussed in a later section.)

Category 4: Frequent Alcohol Use; Regular Other Drug Use; Broad Polydrug Use

Once again, gay and bisexual men and lesbians appear in similar proportions in this higher risk category (10.8% vs. 11.2%), while the rate of bisexual women is double (20.5%). A fairly clear pattern of probable chemical dependence appears for many respondents in this group. Use levels include daily alcohol users, all of whom reported drinking at least two drinks at a time, or less frequent drinkers who reported becoming intoxicated weekly or more. Also included in this group are less frequent drinkers who also used another drug several times per month, as well as those who reported using four or more drugs several times per year.

"I am a person who drinks socially a lot. I realize I drink too much; but it feels like I'm just barely over the line. I am usually able to pull way back. I don't consider stopping."

Category 5: Intensive Alcohol Use; Frequent Polydrug Use

This is the most high risk group of users, including patterns which at the minimum appear to suggest chemical dependency, and at the maximum addiction. Lesbians appear in this group at a rate of 14.9 percent, compared to 26.9 percent for bisexual women. Nearly a third (31%) of gay and bisexual men appear in this category.

Use patterns include a minimum of daily alcohol use with frequent intoxication (weekly or more); daily drinking and use of two or more other drugs (including alcohol) several times a month or more; and those who reported using four or more drugs in high frequency combinations.

"I have completed this form on behalf of my friend of 19 years who has lost any and everything he has gained because of his alcohol abuse. He is currently living with his mama in Antioch, GA - after being evicted from even the dives along Powell Street. He is going to meetings, but he'll go back to his mom's and sneak his drink out in the garage and hasn't yet cared enough about anyone other than himself."

Needle Use

Respondents were asked to indicate whether or not they had injected non-prescription drugs during the past year. Forty-six (6 percent of the total sample) responded "yes"; of these, half had injected within the past month. Another nine percent of the total sample reported having injected non-prescription drugs at some point during their lives.

Table 3-15
Needle Users

<i>Used Needles</i>	<i>Women</i>			<i>Gay and Bisexual Men n=416</i>
	<i>Lesbians n=240</i>	<i>Bisexual n=78</i>	<i>All n=318</i>	
In past year	1.2%	2.5%	1.6%	4.3%
In past month	2.0%	6.4%	3.1%	2.8%
Total current needle users	3.2%	8.9%	4.7%	7.2%

The rate of bisexual women IV drug users was again much higher than lesbians and higher even than for gay and bisexual men. The rate of IV drug use is important particularly as it relates to HIV transmission. Previous studies have found a strong association between IV drug use and risky sexual behavior. (See Volume II for more discussion of this research.)

Self-Reported Concern About Substance Use

Respondents provided additional indicators of risk through other survey items.

- Twenty-one percent of men and 16 percent of women indicated they were worried about their alcohol use.
- Gay and bisexual men reported being worried about their drug use at a rate of 17 percent, while 15 percent of women said they were worried. A little over one third of all respondents in the highest risk category indicated concern about their AOD use.

"I can readily admit on paper and verbally that I have a drug dependency and know I should get help, but can't/won't take that first step."

Summary

The use of risk categories to understand gay, lesbian and bisexual alcohol and drug use is an effort to deal with the reality of prevalent polydrug use among these populations. Based on this system, it appears that nearly one third of all gay and bisexual men respondents are engaged in high risk substance use that suggests, at the least, clear chemical dependency, and for many, addiction. A quarter of bisexual women report this level of use, while 15 percent of lesbians are using at this level, for a combined rate of nearly 18 percent for all women.

Women and men report similar rates (10-11%) of use at the next lower level of risk, which involves regular consumption of alcohol with frequent intoxication, and use of other drugs that suggest possible chemical dependency. Once again, bisexual women respondents report higher rates in this category, nearly twice that of lesbians and gay and bisexual men.

About one-quarter of all respondents (somewhat higher for bisexual women) report substance use at the next level, which includes regular use of alcohol and occasional use of other drugs. Use patterns in this category appear to be moderate.

Infrequent users of alcohol and other drugs comprise the lowest level of use (and risk) in this system. Around 17 percent of men and 20 percent of women fit this category, although differences between lesbians (24%) and bisexual women (7.6%) are considerable.

The last category is abstainers, with more lesbians (28.2%) than gay and bisexual men (14.9%) or bisexual women (11.5%). Almost two thirds of all abstainers identify as being in recovery.

3.3. ALCOHOL AND DRUG RELATED PROBLEMS

The survey asked respondents to indicate whether they had experienced a number of problems as a result of alcohol or drug use. This section will describe the frequency of reported alcohol and drug related problems among men and women, and will analyze these problems according to risk group.

3.3.1 Violence-Related Problems

Table 3-16 displays the rates of responses to violent consequences of alcohol and drug use.

Table 3-16
Violence Resulting From Alcohol And Drug Use

<i>In the past year . . .</i>	<i>Women</i>			<i>Gay and Bisexual Men n=416</i>
	<i>Lesbians n=240</i>	<i>Bisexual n=78</i>	<i>All n=318</i>	
Became violent when drunk or high	6.6%	5.1%	6.3%	10.6%
Been forced to have sex when you didn't want to.	2.9%	14.6%	5.6%	6.7%
Been injured when drunk or high	6.2%	14.1%	8.1%	12.5%
Became the victim of violence when drunk or high	5.8%	7.6%	6.3%	8.9%

As would be expected, overall rates are lower for lesbians since rates of high risk alcohol and drug use are lower than those of bisexual women and gay and bisexual men. A startling 14 percent of bisexual women reported what essentially amounts to having been raped when drunk or high. The injury rate is highest for men and bisexual women (12.5% and 14.1%). When these items are analyzed to determine an unduplicated number of respondents who marked any of these items, a total of 86 (20.7%) men and 48 (15%) women report some kind of violence occurring when they were drunk or high.

"Was diagnosed last Fall with bi-polar disease and melancholia. I lost my job several days ago in a law firm because I was raped (while drunk). Cannot take medication for bi-polar disease because I have heart disease so I take heart pills and do speed."

Table 3-17 displays the distribution of these responses across risk categories.

Table 3-17
Alcohol and Drug Related Violence

<i>In the past year . . .</i>	<i>Risk Category</i>				
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
Become violent when drunk or high	1%	4%	4%	7%	26%
Been forced to have sex when you didn't want to	3%	3%	4%	4%	15%
Been injured when drink or high	2%	6%	8%	8%	26%
Been the victim of violence when drunk or high	1%	6%	3%	8%	20%

The preceding table clearly demonstrates that the risk of alcohol and drug related violence occurs with much greater frequency among the highest risk users when compared to lower risk users.

3.3.2 Safe Sex

Several items on the survey attempted to determine what effect alcohol and drug use had on safe sex practices. The following tables display some relevant data.

Table 3-18
Safe Sex Practices Affected By Alcohol And Other Drugs

<i>In the past year . . .</i>	<i>Women</i>			<i>Gay and Bisexual Men n=416</i>
	<i>Lesbians n=240</i>	<i>Bisexual n=78</i>	<i>All n=318</i>	
Had sex only because I was drunk or high	7.8%	12.0%	9.1%	16.3%
Had unsafe sex only because I was drunk or high (this year)	5.0%	11.5%	6.6%	17.1%
Had unsafe sex practices when drunk or high <u>ever</u>	26.9%	29.5%	27.7%	50.6%
Had sex in order to get alcohol or drugs	1.0%	6.4%	2.2%	7.9%

The following table displays data on the same items by risk categories:

Table 3-19
Safe Sex Practices Affected By Alcohol And Other Drugs

<i>In the past year . . .</i>	<i>Risk Category</i>				
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
Had sex only because I was drunk or high	1%	7%	12%	10%	31%
Had unsafe sex only because I was drunk or high (this year)	1%	6%	13%	11%	28%
Had unsafe sex when drunk or high <u>ever</u>	34%	24%	32%	26%	50%
Had sex in order to get alcohol or other drugs	0%	3%	5%	6%	14%

This table suggests that respondents in the highest AOD risk category continue to place themselves at risk of HIV transmission at a much higher rate than those reporting lower levels of alcohol and drug use. More than one quarter of these heavy alcohol and drug users report current unsafe sex practices, while half of them report having done so in the past. This rate of unsafe sexual behavior is over twice the rate of the next lower

category. The abstainer category (1) shows a higher rate of past unsafe sexual behavior due to alcohol and drug use because 65 percent of these respondents are in recovery, and therefore would have most likely been placed in the highest risk category before they became clean and sober.

"There is a whole speed subculture in San Francisco of seropositive people who are using speed for sex. I was drawn into it and I am trying to pull out. About 75 percent of the clientele at the (bar) are speed freaks. People do not have safe sex on speed and this is very sad."

The next table displays the same data in relation to respondents' HIV serostatus.

Table 3-20
Alcohol And Other Drug Unsafe Sexual Practices by HIV Status

<i>In the past year . . .</i>	<i>HIV +</i>		<i>HIV -</i>		<i>HIV unknown</i>	
	<i>Men n=116</i>	<i>Women n=12</i>	<i>Men n=240</i>	<i>Women n=221</i>	<i>Men n=52</i>	<i>Women n=81</i>
Had sex only because I was drunk or high	25 21.6%	2 16.6%	28 11.7%	18 8.1%	13 25.0%	9 11.1%
Had unsafe sex only because I was drunk or high (current)	35 30.2%	6 50.0%	24 10.0%	7 3.2%	10 19.2%	8 9.9%
Had unsafe sex because I was drunk or high (past)	60 51.7%	9 75.0%	77 32.1%	61 27.6%	21 40.4%	22 27.2%
Had sex in order to get alcohol or other drugs	22 18.9%	4 33.3%	6 2.5%	1 0.5%	6 11.5%	2 2.5%

The data suggest a high incidence of AOD-related unsafe sex behavior among HIV positive respondents. Almost one third of HIV positive men and half of HIV positive women said they had unsafe sex in the past year when drunk or high. When compared to the reported rate of current unsafe sex practices among HIV-negative men and women, the rate of AOD-related unsafe sex is much higher among HIV positives.

3.3.3 Relationships

Several survey items asked respondents to indicate whether alcohol and drugs had negatively affected their intimate and other family relationships. The following table summarizes responses to these items by gender.

Table 3-21
Relationship Problems Caused By Alcohol And Drug Use

<i>In the past year, have you . . .</i>	<i>Women</i>			<i>Gay and Bisexual Men n=416</i>
	<i>Lesbians n=240</i>	<i>Bisexual n=78</i>	<i>All n=318</i>	
Left an intimate relationship due to the other person's AOD use	5.4%	14.1%	7.5%	11.1%
Lost an intimate relationship due to own AOD use	3.3%	3.8%	3.5%	7.9%
Has your AOD use caused problems with your lover?	14.1%	16.6%	14.8%	16.3%
Has your AOD use isolated you from your family?	6.9%	12.8%	10.1%	12.9%
Are you concerned about your lover's AOD use?	14.1%	28.2%	17.6%	11.1%

The preceding table indicates the respondents' use of alcohol and drugs was a cause of difficulty in intimate relationships in about 15 percent of all cases. A much lower number reported actually losing a relationship because of AOD use (3.5% of women, 7.9% of men). More women than men (17.6% vs. 11.1%) reported being concerned about their lovers' use of alcohol and drugs; the figure for women was skewed by the very high rate of 28.2 percent of bisexual women who reported concern.

The lower rates of women reporting ending a relationship due to AOD problems may be simply a function of the lower prevalence of reported high risk use among women compared to men; or, the difference may stem from a tendency for women in lesbian relationships to stay with their partners who are using, as is the pattern with heterosexual women.

"I was married to an alcoholic for 18 years (until I came out 10 years ago), so I am a member of Al-Anon. My 27-year-old son has had legal problems for 11 years due to drug dealing and has been a fugitive for 1-1/2 years. It took me years to learn to avoid relationships with abusers, but I avoid them like the plague now."

3.3.4 Sexual Abuse History

The survey asked respondents to indicate whether they had been sexually abused as children. The percentage of all respondents answering "yes" to this question was 36.3 percent which included about one-half of all female respondents and one third of all men. The percentage of respondents within each risk category reporting childhood sexual abuse are as follows:

- Category 1: 48%
- Category 2: 31%
- Category 3: 35%
- Category 4: 28%
- Category 5: 37%

The higher percentage of childhood sexual abuse survivors in Category 1 may be related to presence of a majority of people in recovery, who as part of their recovery process may be more likely to remember and deal with their childhood abuse history than others. In addition, more women than men are in Category 1. It is interesting to note that in Category 5, with more men than women, the rate is still very high.

"I'm an adult child (as is my lover) so it is difficult to know what 'normal drinking is'. I also work with clients in recovery, and I am beginning to deal with the possibility I may have been sexually abused as a child. I know I use alcohol to medicate that pain and my drinking has increased with 'seeping' memories and work stress."

3.3.5 Summary

Data analysis revealed three main alcohol and drug related problems that appear to be substantially more prevalent among the highest risk category users when compared to respondents in other categories. These included frequency of unsafe sexual practices, experience of violence or injury, and relationship problems.

Overall, more men than women became violent when drunk or high (10.6% vs. 6.3%), and were injured when drunk or high (12.5% vs. 8.1%). The number of women and men who reported being forced to have sex when drunk or high was about the same -- 5-6 percent -- with bisexual women reporting sexual force at the highest rate (14.1%). Respondents in risk category 5 were three to six times as likely as respondents in Categories 2, 3 and 4 to have experienced violence due to alcohol and drug use.

More men (17.1%) than women (6.6%) reported having unsafe sex due to alcohol or drug use during the past year. More men reported having sex to obtain drugs or alcohol than did women (7.9% vs. 2.2%), although the rate for bisexual women (6.4%) was close to that of men. The likelihood of a respondent having had unsafe sex when drunk or high was two times greater for category 5 respondents than for category 3 and 4 respondents, and even higher for category 1 and 2 respondents.

People who are HIV positive report much higher rates of AOD-related unsafe sex practices during the past year. Almost one third of HIV positive men and half of HIV positive women reported having unsafe sex while drunk or high, considerably lower than the rates for HIV negative men (10%) and women (3%).

More than one out of every ten gay and bisexual men reported having left an intimate relationship due to their lover's alcohol and or other drug use, while the rate for lesbians was

half as much. Bisexual women reported leaving relationships at a greater rate (14.1%). Losing a relationship due one's own alcohol/drug use also was reported twice as often by men as women (7.9% vs. 3.5%). A similar percentage of men and women (16.3% vs. 14.8%) reported that alcohol/drugs caused problems with lovers, while more women than men reported concern over their lover's use (17.6% vs. 11.1%, with bisexual women reporting concern at a rate of 28.2%).

3.4. CONTEXT AND PURPOSE OF ALCOHOL AND DRUG USE

The survey gathered data on where respondents drank and used drugs, and for what purposes. This section will present this data by gender and by risk category.

3.4.1. Context

Over three quarters of men and women who drank reported drinking in bars, restaurants, their own homes or someone else's home. About one in five reported drinking in other public places. Few reported drinking at work (around 5 percent).

Consistent with the illegal nature of most other recreational drugs, men and women who said they used drugs reported most use occurring at their home or someone else's. About a quarter said they used drugs in other public places, and one in five said they used while in a car. Ten percent said they used at work, while around 18 percent said they used drugs when they were in a bar.

3.4.2. Reasons for Using Alcohol and Other Drugs

The survey presented respondents with a list of possible reasons or purposes for their use of alcohol or drugs. When calculating percentages for the responses for men and women, the N used was the number of people who were not classified as abstainers. Following is discussion of some differences among gay and bisexual men, lesbians and bisexual women in regards to purpose of alcohol and drug use.

Reducing Emotional Pain

Three items on the survey related to using alcohol and other drugs to reduce emotional pain. Around three-quarters of lesbians and gay men reported using alcohol for this purpose, with about 15 percent of both groups saying that they used drugs for this purpose. Bisexual women reported using both alcohol and other drugs to reduce emotional pain; in addition, the percentages of bisexual women using for these reasons were greater in all cases than those for lesbians and gay men.

As might be expected, people in the highest risk category reported using alcohol and other drugs to relieve emotional pain at much higher rates than lower risk groups. For example, about 40 percent of the highest risk category used alcohol to relieve anxiety compared to a quarter of respondents in the next lower category.

Conformity

This category included reasons for using alcohol and other drugs that related to fitting into norms established by someone else. Women reported drinking or using drugs because their lovers did so at about twice the rate of men (approximately 10% vs. 5%), with bisexual women reporting the greatest rate of conformity because of a lover (13%).

Another reason for drinking cited by a high percentage in each group was to feel less shy in social situations. Among gay and bisexual men, 29 percent reported using alcohol for this reason, and half of that number used drugs to reduce shyness. The rate for bisexual women using alcohol to reduce shyness is very close to gay men's. Lesbians reported an 18 percent rate of use of alcohol for this purpose. Women in general did not report using other drugs to reduce shyness to any great extent.

About one in six of all drinking respondents said they used alcohol to fit in with other people who were drinking. This rate is about the same in all risk categories, suggesting that social pressure influences drinking behavior even among low risk drinkers. Only the highest risk group reported similar pressure to use drugs (13%).

Drinking was used by one in ten men as a pretext to meet other men; only 6 percent of women reported drinking to meet other women. About the same percentages reported drinking to fit in better with other lesbians and gay men (around 8 percent).

The social aspects of alcohol were underscored by the large percentages of women and men reporting that they drank when they wanted to "party". Rates ranged from 43 percent of lesbians, to 53 percent of gay and bisexual men and 55 percent of bisexual women. "Partying" as a reason to use drugs was mentioned less often, but still at a high rate of 30-40 percent. "Partying" with alcohol was reported by high rates in all risk groups.

Coping and Functioning

A number of reasons for using alcohol or other drugs related to coping or functioning. For example, about 10 percent of women reported using alcohol or other drugs to cope with problems with their lovers, while only half that many men reported use for this reason. About 12 percent of gay and bisexual men reported using drugs to function or perform better, compared to 8 percent of women.

Sex

Three items related to the use of alcohol or other drugs in conjunction with sex. Bisexual women and gay and bisexual men reported the highest use rates for this purpose. Ten percent of men reported using alcohol to have sex with other men; 17 percent reported using drugs for this purpose. Similar figures were reported by men who said they used alcohol (8%) or drugs (18%) to improve sex. Bisexual women reported using alcohol to have sex with men (14%) and women (10%), while drugs were used to improve sex (14%). Lesbians reported the lowest rates of use of alcohol or drugs in conjunction with sex.

People in the highest risk category reported using alcohol and other drugs most often in conjunction with sex. Rates of use for this purpose increase consistently by about 60 percent from one risk level to the next.

Recreation and Escapism

This category includes reasons such as avoiding boredom, relaxation, enjoying a meal, forgetting, avoiding thinking about problems, getting to sleep, and to get drunk or high. About half of all drinkers said they used alcohol to relax and to accompany a meal. Alcohol was used more often than other drugs to bring on sleep, with around one in six respondents (and a quarter of bisexual women) reporting using alcohol to sleep. About one in ten lesbians and gay men use other drugs to sleep, but nearly a quarter of bisexual women do.

The rate of using alcohol and other drugs to avoid thinking about problems, or to "forget" was similar for gay men and lesbians -- around 14-18 percent -- and higher for bisexual women (almost 28 percent use alcohol to avoid thinking about problems.) Bisexual women and gay and bisexual men used alcohol and other drugs more often to relieve boredom, at a rate of around 20 percent. Lesbians reported a rate about half as high.

Drinkers in the two highest risk categories use alcohol to sleep at similar rates (21% and 27%), which is twice to two-thirds higher than the middle risk category. These discrepancies hold for avoiding thinking about problems and "forgetting". About a third of drinkers in the highest risk category report using alcohol to avoid boredom; the rates halve with each successive risk category.

Many more of the highest risk users (34%) said that they used drugs to avoid boredom than did the next risk category (19%). Highest risk users also relied on drugs to induce sleep more often than the next risk category (25% vs. 14%).

Summary

The following table summarizes the purposes for AOD use most frequently cited by men and women:

Table 3-22
Most Frequently Cited Purposes for Alcohol and Other Drug Use

<i>Reasons</i>	<i>Percent of Lesbians</i>		<i>Percent of Bisexual Women</i>		<i>Percent of Gay/Bisexual Men</i>	
	<i>Alcohol</i>	<i>Drugs</i>	<i>Alcohol</i>	<i>Drugs</i>	<i>Alcohol</i>	<i>Drugs</i>
<u>Reduce Emotional Pain</u>						
• Relieve/Avoid Anxiety	26	16	30	25	23	14
• Relieve/Avoid Emotional Pain	20	14	19	25	16	14
• Angry or Upset	18	13	20	14	16	9
<u>To Reduce Physical Pain</u>						
• Relieve Hangover	4	3	1	7	12	4
• Relieve/Avoid Physical Pain	7	9	7	10	7	7
<u>To Conform</u>						
• Fit in Not Lesbian/Gay	6	5	4	6	4	3
• Lover Drinks/Uses	9	6	13	9	6	5
• Feel Different	8	8	14	9	8	7
• Less Shy	18	7	28	6	29	15
• More Brave	11	5	13	1	15	9
• Cope with Kids	3	3	0	3	1	2
• Cope with Lover	11	9	6	10	5	4
• Cope with Parents	5	3	6	1	5	5
• Feel Better About Lesbian/Gay	2	1	1	1	5	5
• Fit In Lesbian/Gay	7	2	6	3	9	5
• Function	3	9	6	7	8	12
• Meet Lesbian/Gay	7	4	4	0	10	5
• Party	43	29	55	39	53	42
• Prepare for Work/School	1	5	1	4	3	6
• Reduce Appetite	5	6	3	3	3	5
• Wake Up	1	6	1	9	2	8
• Fit in Drinking	18	6	17	4	21	6
<u>Recreation/Escapism</u>						
• Avoid Thinking About Problems	16	14	28	16	18	16
• Forget	13	19	19	13	13	8
• Get Drunk/High	11	37	23	55	22	44
• Relax	53	23	67	42	55	27
• Sleep	13	11	25	23	15	9
• Nothing Else To Do	4	4	4	17	14	13
• With A Meal	55	1	61	4	60	5
• Relieve/Avoid Boredom	12	11	19	23	20	18
<u>For Sex</u>						
• With Men	1	2	14	9	10	17
• With Women	6	6	10	6	2	2
• Improve Sex	6	9	7	14	8	18

The most commonly cited uses of alcohol and other drugs appear to be for enjoyment and recreation, to avoid emotional pain, and to escape from problems and boredom. Drugs are used more often in conjunction with sex than is alcohol, and men and bisexual women are more likely to use alcohol and other drugs for sex. People in the highest risk categories cite more reasons for using than do those in lower risk categories. Perceived social pressure to drink alcohol is high across all risk categories.

3.5. HELP SEEKING BEHAVIOR

The survey sought to determine how many respondents had sought help for their alcohol and drug problems, and what barriers existed to seeking services. Data will be presented both by gender and by risk category.

3.5.1. Attempts to Seek Help

A large majority (80.7%) of respondents reported that they would seek help for alcohol or drug abuse if they needed to, and men and women were represented proportionately in this affirmative group. An even larger percentage (87.1%) indicated that they would know where to go for help if they needed it.

The following table displays figures for a variety of help seeking behaviors by gender.

Table 3-23
Help Seeking Behaviors By Gender

<i>Behaviors</i>	<i>Women</i>			<i>Gay and Bisexual Men n=416</i>
	<i>Lesbians n=240</i>	<i>Bisexual n=78</i>	<i>All n=318</i>	
Currently seeing professional counselor re: AOD use	18.2%	8.9%	16.0%	13.2%
Completed live-in treatment program	6.2%	1.3%	5.0%	9.1%
Started but did not complete live-in treatment program	2.1%	1.3%	1.9%	4.8%
Completed outpatient treatment program	6.2%	5.1%	5.9%	8.9%
Started but did not complete outpatient treatment program	6.2%	6.4%	6.3%	8.7%
Attends 12-Step or similar meetings	29.5%	14.1%	25.8%	27.1%

The same data but analyzed according to risk category are displayed in Table 3-24:

Table 3-24
Help Seeking Behaviors By Risk Category
Safe Sex Practices Affected By Alcohol And Other Drugs

<i>Behaviors</i>	<i>Risk Category</i>				
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
Currently seeing professional counselor re: AOD use	20%	9%	8%	20%	19%
Completed live-in treatment program	13%	3%	4%	6%	11%
Started but did not complete live-in treatment program	3%	4%	1%	4%	6%
Completed outpatient treatment program	13%	4%	5%	6%	11%
Started but did not complete outpatient treatment program	8%	4%	2%	8%	18%

According to Table 3-24, twice as many lesbians said they currently were seeing a professional counselor for their alcohol and/or other drug abuse than did bisexual women (18.2% vs. 8.9%). The overall rate of women seeking this kind of help was slightly greater than that of men (16% vs. 13.2%). Men were more likely than women to have entered both residential and non-residential treatment programs, with about 9 percent of men reporting completion of each type of program compared to about 5 percent of women.

"It felt strange filling out 'don't drink/use' because I am an alcoholic/drug addict/bulimic. I will have two years sobriety in May. My bulimia recovery is slower and much more fuzzy. I drank to hide my lesbianism - just came out in last 6 months. I got into an inpatient recovery home because it was government funded. Money was the most reason I couldn't get in - am grateful to Janus Recovery in Santa Cruz."

Predictably, the higher rates of participation in treatment programs were found in the lowest and highest risk categories. The lowest category includes people in recovery, and the highest category people who are apparently in relapse. The next-to-highest risk category reported rates of people in counseling for AOD use is similar to the highest and lowest, bolstering the notion that a substantial number of people in this fourth category see their use as problematic.

Perceived Barriers to Seeking Help

The survey provided a list of 11 possible perceived barriers to service, and asked people to indicate whether any were barriers for them in the past. The most commonly noted barrier was fear of admitting to a problem with alcohol and/or drugs, which was chosen by about 18 percent of men and women.

The next most frequently cited barrier was lack of money or insurance to pay for services, which was a perceived barrier for 15 percent of all respondents. This barrier was cited more often by women (17.6 percent) than by men (12.5 percent). About eight percent of all respondents said that the program from which they sought services had no space for new clients at the time.

"This past year my girlfriend, at the time, looked for help (counseling) for long-time cocaine abuse. Quit on her own. She had a low income and was not able to find a group or . . . someone to help her (working at night, too, made it more difficult). She became discouraged and gave up looking. This concerned me; there are not programs out there."

Several barriers related to sexual orientation were included on this list. A small number of respondents (2.2%) said that they were not accepted in a program because of their sexual orientation; most of these (13 out of 17) were women. About 4 percent responded that they were afraid someone would find out about their sexual orientation, or that they would be abused if their sexual orientation were discovered; the rates for these barriers were similar for men and for women. The unduplicated total number of respondents who selected any of these three discrimination-related perceived barriers was 52 (7%).

Summary

More women than men are currently in counseling for their alcohol and/or other drug use, but more men than women report having participated in both inpatient and outpatient treatment programs. As would be expected, the highest rates of respondents currently in counseling, or who have been in treatment programs, are found in the highest and lowest risk categories, which would include, respectively, those in recovery and those in relapse.

A similarly high rate of people in the second-highest risk category reported being in counseling currently for substance, reinforcing the perception that this category includes a substantial number of people with alcohol and drug problems.

The greatest perceived barrier to receiving services was fear of admitting having an alcohol or other drug problem, followed by lack of sufficient funds or insurance (the latter being cited more often by women than by men.) Fifty people mentioned barriers related to discrimination based on sexual orientation.

3.6. SUMMARY OF FINDINGS FROM INDIVIDUAL AOD USE SURVEY

A 209 item survey on individual alcohol and other drug use was completed and returned by 748 respondents. Of these, 44 percent were women. A quarter of women identified themselves as bisexual, while only eight percent of men so identified. Respondents were well-educated, with an average income of \$25,598 for men and \$21,142 for women. Most indicated that they had well-established gay, lesbian or bisexual identities. A little over one-quarter of the men said they were HIV positive, and four percent of women. Nearly eight out of ten respondents were white, with Asian and Pacific Islander, Black, Latino, and Other each comprising five to seven percent of the total sample. Native Americans comprised two percent of the sample.

One half of all women and one third of all men said they had been sexually abused as children.

Following are key findings from the survey.

ALCOHOL AND OTHER DRUG USE PATTERNS SUMMARY OF KEY FINDINGS

WOMEN

- Lesbians and bisexual women appear to use alcohol and other drugs more often, in greater amounts, and in combination more often than women in the general population.¹²
- Nearly 1 out of every 5 (18%) of all lesbian and bisexual women reported using alcohol and/or other drugs at the highest risk level established for this survey, which reflects likely chemical dependency and, for many, addiction. Another 13.5 percent reported AOD use in the next highest risk category, describing use patterns that were potentially problematic. This means that as many as one third of these women currently may be using AOD at risky levels.
- Thirty percent of all lesbian and bisexual women said they used drugs other than alcohol.
- The most commonly used drugs by lesbian and bisexual women were alcohol (66%), marijuana (38%), painkillers (29%), tranquilizers (16%) and cocaine (14%). Except for alcohol, these rates are significantly higher than for women in the general population.
- While lesbian and bisexual women tended to be aware of problems caused by AOD use in their primary relationships, very few report having ended a relationship due to AOD abuse (whether "hers" or "mine"). The data suggest that these women may stay in relationships troubled by AOD use more often than gay and bisexual men.
- One in seven lesbian and bisexual women said they experienced violence when drunk or high; most of these were in the highest AOD risk category.
- Beyond "recreation", the purposes for using alcohol cited most often by lesbian and bisexual women were to avoid emotional pain, to fit in with other drinkers, to reduce social discomfort, and to avoid thinking about problems. These women reported using *other drugs* primarily to relax/party, to avoid emotional pain, and to avoid boredom or problems.
- Twenty-six percent of lesbian and bisexual women said they were in recovery from AOD use; most had been in recovery for more than one year.
- Bisexual women reported AOD problems at rates that were substantially higher than lesbians.
- Almost one-half (48%) of lesbian and bisexual women said they had been sexually assaulted as children. About one-third (29%) said they had been sexually assaulted as adults.

¹²Comparisons are to data on the general population of the western states gathered by the National Institute on Drug Abuse (NIDA) in its National Household Survey on Drug Abuse: Population Estimates 1990, DHHS Publication No. (ADMHA) 89-1636, 1989.

ALCOHOL AND OTHER DRUG USE PATTERNS SUMMARY OF KEY FINDINGS

MEN

- Gay and bisexual men appear to use alcohol and other drugs more often, in greater amounts, and in combination more frequently than men in the general population.
- Nearly one-third (31%) of gay and bisexual men reported using alcohol and/or other drugs at the highest risk level established for this survey, which reflects likely chemical dependency and, for many, addiction. Another 11 percent reported AOD use in the next highest risk category, describing use patterns that were potentially problematic. This means that as many as 42 percent of gay and bisexual men currently may be using AOD at risky levels.
- Forty percent of all men said they used drugs other than alcohol.
- The most commonly used drugs by men were alcohol (75%), marijuana (50%), amyl nitrate (27%) painkillers (26%), amphetamines (18%) and cocaine and tranquilizers (17%). Except for alcohol, these rates are significantly higher than for men in the general population.
- AOD use is a significant factor in unsafe sexual practices and HIV transmission. The high rates of use of amyl nitrate, amphetamines and cocaine are particularly dangerous since these drugs are linked with unsafe sexual practices. In addition, one-third of HIV positive gay and bisexual men said they had unsafe sex during the past year while drunk or high, as did 28 percent of men reporting use at the highest risk level (more than twice the rate for each of the next two risk levels.)
- One in five gay and bisexual men reported experiencing violence while drunk or high; most of these were in the highest AOD use risk category.
- Beyond "recreation", the purposes for using alcohol cited most often by gay and bisexual men were to feel less shy, to avoid emotional pain, to fit in with other drinkers, and to avoid boredom or problems. These men reported using *other drugs* primarily to relax/party, to have sex, to avoid boredom or problems, to feel less shy, and to avoid emotional pain.
- Twenty-eight percent of gay and bisexual men said they were recovering from AOD use; about half of these had been in recovery for more than a year.
- More than one-quarter (28%) of gay and bisexual men said they had been sexually abused as children, and 14 percent had been sexually assaulted as adults.

SECTION 4

SERVICES ADDRESSING THE ALCOHOL AND OTHER DRUG PROBLEMS OF LESBIANS AND BISEXUAL WOMEN, AND GAY AND BISEXUAL MEN

Alcohol and other drug problems and the needs of gay and bisexual men, and lesbians and bisexual women, as described in the professional literature and by the respondents of the individual substance use survey of this study, were presented in the preceding sections. This section describes services to address these needs currently available to lesbians and gay men in San Francisco. The sources of information for this section are the following:

- A survey sent to all alcohol and drug and other relevant service providers in San Francisco (see Appendix B). One hundred and forty (140) providers responded to this survey.
- Interviews conducted with 27 key service providers and policy makers knowledgeable about alcohol and drug problems and services for lesbians and gay men.
- The City and County of San Francisco 1990-1991 Alcohol and Drug Program Plan.
- Two previous local studies of gay and lesbian alcohol and drug needs, including a report entitled "Substance Abuse: Patterns and Barriers to Treatment for Gay Men and Lesbians In San Francisco", conducted in 1983 by Edward S. Morales, Ph.D., and Michael A. Graves, M.A.; and the "1988" Window Survey of Sexual Minority Clients in Alcohol Treatment Programs in San Francisco", conducted by Scott Madover.

This section will first examine the overall drug and alcohol service system, and then will present data on services available to lesbians and bisexual women, and gay and bisexual men.

4.1. DESCRIPTION OF OVERALL ALCOHOL AND DRUG SERVICE SYSTEM

In 1990, San Francisco became one of two demonstration counties in California to merge alcohol and drug program services under the guidelines of AB 2904. The intent of this legislation is to maximize use of public resources by providing integrated services to people with alcohol and drug problems.

As a demonstration county, San Francisco moves toward "multi-source funding of programs which serve substance abusers and a shift, when appropriate, from drug or alcohol specific programs to comprehensive community based substance abuse programs."¹ The Plan's abstract also notes that:

Through these planning efforts the county hopes to ensure 1) programs and services are truly anchored in the community; 2) program staffing reflect the county's diverse communities; and, 3) implementation of an integrated alcohol and other drug service system.

The 1990-91 Plan identifies HIV disease as its top alcohol and drug-related problem in the county, noting that as an epicenter for the disease, San Francisco has the highest per capita rate of infection. Five percent of the general population between the ages of 20-44 have been diagnosed as HIV seropositive, with about 13 percent of this rate directly related to intravenous drug use. Sixteen percent of the 13,000 estimated IV drug users are HIV infected, with a 26 percent infection rate for minority substance abusers. In addition, when CSAS matched its alcohol treatment program population with general population rates for

¹From the abstract of the "Demonstration County Alcohol and Drug Program Plan, Fiscal Year 1990-91" submitted by the City and County of San Francisco to the California State Department of Alcohol and Drug Programs.

HIV infection, researchers found a 7.5 percent prevalence rate among program participants, compared to a rate of less than 1 percent among the general population. These statistics have led alcohol and drug program planners to assert that *"Substance abuse related HIV disease is the most significant health problem facing San Francisco."*²

In summarizing the top alcohol and drug problems facing San Francisco County, the Plan states:

*With more than 50 languages spoken and a constantly changing demographic environment, it is only through creative approaches that one can begin to confront the realities of the day. By merging alcohol and drug service administration and placing a greater emphasis on cross-disciplinary, multi-cultural and community-based comprehensive substance abuse services, we can continue to meet the needs of San Francisco's residents.*³

This emphasis on the need for services that are culturally appropriate is applied by the Plan to the gay and lesbian communities. By listing this group along with the four primary racial and ethnic minority groups within the county, the Plan recognizes lesbians and gay men as a significant and substantial minority with unique cultural needs. The Plan cites the dearth of information available about gay and lesbian substance abuse, but notes that drug and alcohol abuse among this population is thought to be "significant." The Plan recommends that the system

*Develop multi-cultural and culturally specific programming as service needs and demographics change. Expand staff training on cross-cultural and culturally relevant issues; and enhance the recruitment and retention of multi-cultural staff.*⁴

²Op.cit., p. 3.

³Op.cit., p. 4.

⁴Op.cit., p. 6.

This commitment to respond sensitively to the diversity of communities and needs in San Francisco is reiterated throughout the Plan.

4.1.1. Unmet Needs

The 1990-91 Alcohol and Drug Services Plan identifies eight priority unmet needs within the city/county. They include:

- HIV infection, AIDS and substance abuse related services.
- Alcohol related services, recognizing that within an integrated substance abuse program, alcohol needs to be acknowledged as the most commonly abused drug with far reaching effects.
- Crack and other drug services.
- Women's services, including those for pregnant and parenting women. The Plan cites special constraints to receiving services faced by parenting women, as well as the risk to children born of addicted mothers.
- Multiple diagnosis services, recognizing in particular the needs of those with mental disabilities.
- Homeless and public inebriate services, acknowledging San Francisco's large homeless population (approximately 5,000-6,000 on any given night) and the high prevalence (over 50%) of alcohol and drug abuse among this group.
- Family, children and youth oriented services.
- Services for seniors.⁵

As an identified cultural minority group, lesbians and gay men are represented in all of the previously listed groups. Planning services to meet these needs requires the identification of the scope of these and other problems among gays and lesbians, and the development of services appropriate to their unique needs.

⁵Op.cit., pp. 6-9.

4.1.2 Structure of San Francisco City/County Alcohol and Drug Services

Housed within the Division of Mental Health, Substance Abuse and Forensic Services, which is a part of the Department of Public Health, the office of Community Substance Abuse Services (CSAS) is charged with *"providing substance abuse prevention, intervention, treatment and rehabilitation to any individual in San Francisco who, for financial and/or other reasons, would be otherwise denied services... The two major goals of CSAS are to provide treatment on demand and develop comprehensive prevention programming."*⁶ The philosophy of CSAS is prevention-driven, recognizing three levels of prevention:

- Primary prevention, including a *"conscious public effort of planning, research, education and neighborhood empowerment which places communities in a pro-active role to prevent the occurrence of alcohol and drug problems."*⁷ Strategies include media campaigns, education, recreation, and health promotion activities as well as policy and legislative initiatives.
- Secondary prevention, which involves *"reaching out to or intervening with problematic users of alcohol and other drugs and their families."*⁸ Included are employee assistance and student assistance programs, and criminal justice diversion efforts.
- Tertiary prevention, or community-based treatment, including a continuum of services to the substance abusing individual and his or her family. This includes residential, outpatient, detoxification, long-term drug and alcohol-free housing, methadone maintenance and aftercare, as well as self help programs.

Constrained by resource limitations, CSAS implements a modified version of this model. The agency's chief role is to assess need, plan integrated services, and oversee the service system. Consistent with its commitment to providing community-based, culturally

⁶Op.cit., pp. 12-13.

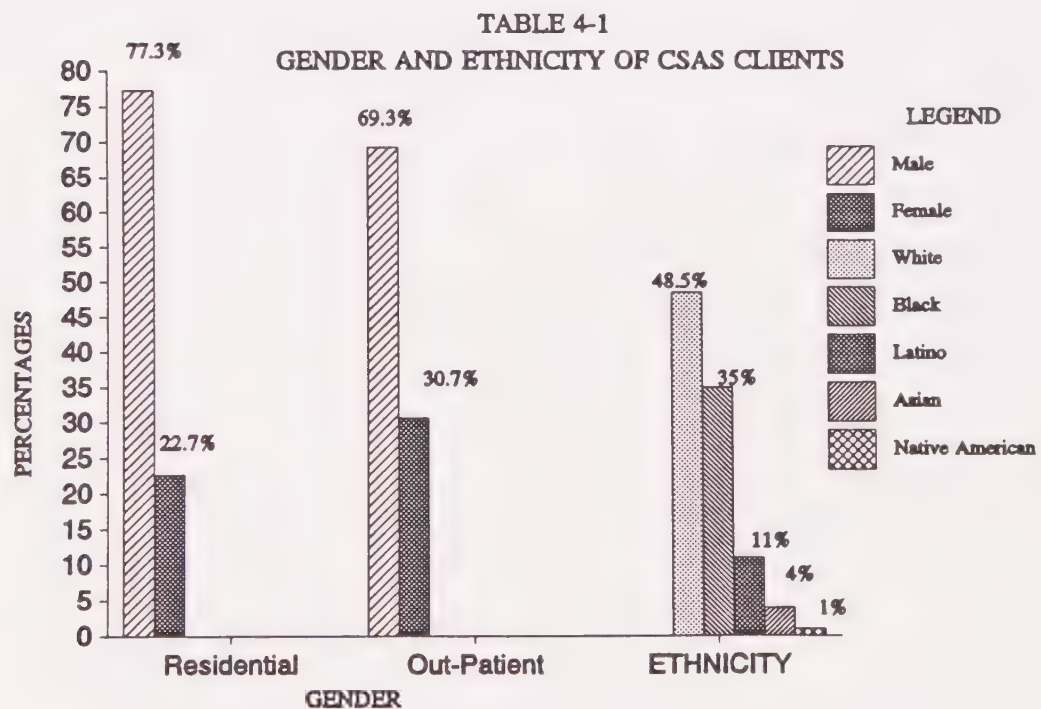
⁷Op.cit., p. 13.

⁸Op.cit., p. 13.

relevant services, CSAS contracts with 78 distinct programs, allocating 85 percent of its total budget to provide direct client services. Over half (40) of these programs are combined alcohol and drug. Of the remainder, 12 are primarily alcohol focused, and 26 are drug focused.⁹

Populations Served by CSAS Programs

In 1989-90, the programs served a total of 9,590 unduplicated drug and 11,888 unduplicated alcohol clients, for an unduplicated combined total of 19,990. The following Table presents information on the gender and ethnicity of these clients:



⁹Op.cit., p. 14.

4.1.3. CSAS Alcohol and Drug Services Budget

The 1991 CSAS budget is \$27,104,032. Nearly one-half of this amount supports combined alcohol and drug programs. A little over nine million additional dollars are allocated to drug programs, and almost three million dollars support alcohol programs. Funding sources include federal, state, and local government, with San Francisco County providing a total of \$5,423,903.

4.1.4. Other Alcohol and Drug Services Not Funded Through CSAS

Several other organizations, both for-profit and non-profit, do not receive funds through CSAS, but provide alcohol and drug services in San Francisco. These exist in all categories of the service continuum, including hospital-based inpatient treatment programs, non-medical residential and rehabilitation programs, and outpatient services. Many of these programs require full fees or third party reimbursement, but some, particularly those targeting specific ethnic and cultural populations, have sliding fee scales or offer services for no fee. Some follow a professional treatment model, while others are rooted in peer counseling, 12-Step, and other self-help approaches. These organizations participate to varying degrees in coordinating their service delivery with the overall service system.

Finally, the 12-Step community in San Francisco offers a large number of meetings in all parts of the city for alcoholics, addicts, co-dependents, and adult children of alcoholics. For example, on any given day, approximately 40 Alcoholics Anonymous meetings are available. Several 12-Step groups target gay men and/or lesbians.

4.1.5. Summary

The overall alcohol and drug service system in San Francisco, coordinated and partially funded through CSAS, emphasizes a prevention-oriented approach, including community-based treatment. Most of CSAS's budget is allocated to contract services. Treatment on demand is a primary goal of the service system. A high priority is the

recognition of cultural diversity and the need to design services appropriate to the large number of ethnic and cultural minority groups, including lesbians and gay men. CSAS has identified substance abuse related HIV disease as the city's most serious substance abuse problem.

The CSAS funded system works in conjunction with other alcohol and drug programs, both for-profit and non-profit. In addition, a vigorous 12-Step community offers a vital entry point and sustaining support for people in recovery.

4.2 ALCOHOL AND DRUG RELATED SERVICES TARGETING LESBIANS AND GAY MEN IN SAN FRANCISCO

Within the overall alcohol and drug abuse service system there exists a subset of services that specifically target lesbians and gay men. These services exist at two levels:

- Programs that exclusively or predominantly serve lesbians or gay men.
- Programs that serve the general population, but that have developed services specifically for gay men or lesbians.

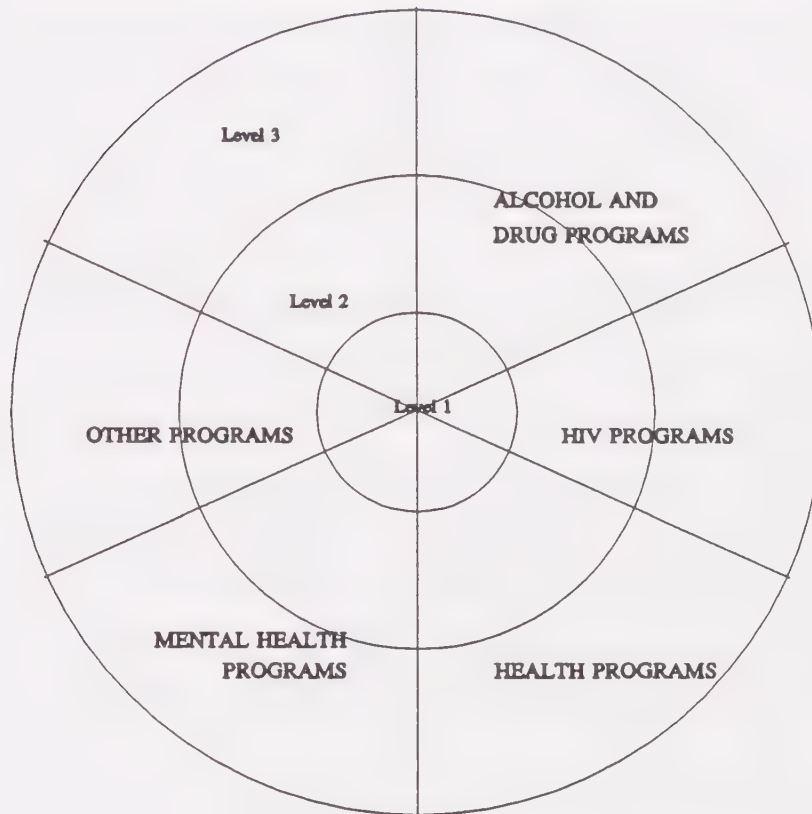
These services can be categorized further:

- Programs with a primary emphasis on alcohol and other drug abuse treatment.
- Programs with a primary emphasis on HIV prevention that also deal with substance abuse issues.
- Programs with a primary focus on other services such as health, mental health, domestic violence, and other social services.

These services may focus on lesbians or gay men, or they may serve both.

For purposes of this study, the system of alcohol and drug services available to lesbians and gay men in San Francisco is conceptualized as a series of concentric circles, each circle symbolizing a level of service that is more or less accessible to the gay and lesbian population. Figure 1 illustrates this concept.

FIGURE 1
LEVELS OF ALCOHOL AND OTHER DRUG SERVICES
AVAILABLE TO LESBIANS AND GAY MEN IN SAN FRANCISCO



Level 1 Programs provide AOD services exclusively or predominantly to lesbians and/or gay men.

Level 2 Programs serve the general population but provide counseling groups for gay men and/or lesbians.

Level 3 Programs provide services to gay men and lesbians within their general program structure.

The innermost circle, Level 1, represents those programs which provide alcohol and drug services either exclusively or predominantly to gay men and/or lesbians. Some of these programs primarily focus on alcohol and drug problems, while others focus on problems such as HIV disease, domestic violence, general health or mental health, and deal with alcohol

and drug problems as a secondary issue. What they all have in common is their focus on lesbians and/or gay men. Of the 140 agencies responding to the survey, 25 meet Level 1 criteria.

Level 2 agencies are those that serve the general population, but indicated on the survey that they provided counseling groups specifically for lesbians and/or gay men. These programs include both alcohol and drug agencies as well as organizations focusing on other problems but also deal with substance abuse as a related issue. Of the 140 agencies responding to the survey, 12 are designated as Level 2.

Level 3 agencies are programs which reported providing some kind of alcohol and drug related services to gay men and lesbians, but which do not design services specifically for this population. These agencies know that they serve gay men and/or lesbians, but do so in the context of their overall services. These agencies include alcohol and drug programs as well as services that focus primarily on other problems and deal with substance abuse as a related issue. Of the 140 respondents, 76 agencies are found in Level 3.

Among the 140 responding agencies, 27 reported that they did not provide any alcohol and drug services to lesbians and gay men. These agencies were removed from the data base.

In this schema, Level 1 programs theoretically are better able to address lesbian and gay needs because:

- They are specifically designed to serve this population.
- They are more visible to lesbians and gay men looking for services.
- Those Level 1 programs which focus on alcohol and drug problems only secondarily perform an important function in their ability to provide some alcohol and drug services for gay men and lesbians who may not have identified substance abuse as a problem.

Following this logic, Level 2 programs may have some of the same advantages, only to a lesser degree.

Level 3 programs, those which serve lesbians and gay men within the context of overall "generic" services, also are a resource to the gay and lesbian population. The ability of these programs to appropriately serve gay men and lesbians is discussed in a later section.

Finally, when presenting service data, this report will separate all data relating to gay men from data regarding lesbians. This is because the needs of these two populations differ in significant ways, and, as will be seen, the availability of services to each differs greatly.

4.2.1 Level 1 Programs

Tables 4-2A, 4-2B and 4-2C list the 25 agencies in Level 1 which reported providing alcohol and drug services to lesbians and/or gay men.

As Tables 4-2A and 4-2B indicates, gay male-oriented agencies outnumber lesbian-serving programs by a ratio of ten to one. Over half of the gay male oriented programs focus on HIV prevention and address alcohol and other drug abuse as a related issue. Of the remaining programs, four focus primarily on alcohol and other drug abuse, while the remainder have primary emphases on a variety of other problems such as mental health needs, relationship violence, and physical health.

Of the two programs serving lesbians, only one focuses primarily on alcohol and drug problems and is housed within an agency providing mental health services to women. The other is a women's health clinic.

Table 4-2C lists agencies which serve a predominantly mixed lesbian and gay clientele. One is a mental health program; one is primarily a referral and peer counseling programs for gay and lesbian youth and young adults, and the third is a counseling and referral agency for sexual minorities.

Table 4-2A
Level 1 Agencies Providing Alcohol or Drug Services
to An Exclusively or Predominantly Gay Male Clientele

Agency	Primary Agency Focus		
	Alcohol/Drug	HIV	Other
18th Street Services	X		
Acceptance Place	X		
AIDS Indigent Direct Services		X	
AIDS Info BBS		X	
Baker New Place	X		
Bay Area HIV Support & Ed Servs		X	
Castro Country Club	X		
Catholic Charities--AIDS/ARC Division		X	
Community United Against Violence			X
Gay Rescue Mission			X
Instituto Familiar de la Raza-Latino AIDS Services		X	
Most Holy Redeemer Support Group		X	
San Francisco AIDS Foundation		X	
San Francisco AIDS Found. Hotline		X	
Steps: Empowerment for People with AIDS		X	
Stop AIDS Project, Inc.		X	
Team II Outpatient Clinic			X
The EACH Program		X	
Youth Networks			X
Peter Claver Community		X	

Table 4-2B
Level 1 Agencies Providing Alcohol or Drug Services
to An Exclusively or Predominantly Lesbian Clientele

Agency	Agency Focus		
	Alcohol/Drug	HIV	Other
Iris Project - WIMH	X		
Lyon-Martin Womens Health Services			X

Table 4-2C
Level 1 Agencies Providing Alcohol and Drug Services to
An Exclusively or Predominantly Gay & Lesbian Clientele

Agency	Agency Focus		
	Alcohol/Drug	HIV	Other
Gay Youth Community Coalition			X
Operation Concern			X
Pacific Center for Human Growth			X

4.2.2 Level 2 Programs

Other agencies serving the general population reported that they provided counseling groups for lesbians and gay men. These agencies constitute Level 2 of service, and are listed in Tables 4-3A and 4-3B.

Twice as many agencies reported providing counseling groups to gay men than those reporting similar services to lesbians. Agencies are a mixture of alcohol and drug programs, health services, mental health agencies and two battered women's programs.

Table 4-3A
Level 2 Agencies Serving General Population
Providing Counseling Groups for Gay Men

Agency	Agency Focus		
	Alcohol/Drug	HIV	Other
Bayview Drug Treatment Program	X		
Center for Special Problems			X
Chemical Awareness & Treatment Center	X		
Futures in Recovery	X		
Haight Ashbury Free Clinics-Drug Detox	X		
Move (Men Overcoming Violence)			X
Psychiatry Department, Kaiser, SF			X
Westside Outpatient Services			X

Table 4-3B
Level 2 Agencies Serving General Population
Providing Counseling Groups for Lesbian Clientele

Agency	Agency Focus		
	Alcohol/Drug	HIV	Other
Chemical Awareness & Treatment Center	X		
Haight Ashbury Alcohol Treatment Servs	X		
La Casa De Las Madres			X
Woman, Inc.			X

4.2.3. Alcohol and Drug Services Available Through Level 1 Agencies

The provider survey asked agencies to indicate which alcohol and other drug related services they provided to gay men and/or lesbians. A list of 27 services was presented in the survey, ranging from primary prevention to residential services. Also included were key

supportive or adjunct services such as family reunification services, parent education and parent support groups. Some of the services overlapped; as a result, the responses provide a general picture of services specifically available to lesbians and gay men in Level 1 agencies.

Tables 4-4A, 4-4B and 4-4C summarize the providers' responses indicating which alcohol and drug service modalities they provide to lesbians and gay men. Some modalities have been collapsed into inclusive categories; thus, the 27 have been reduced to 15.

Key to Tables 4.4 through 4.8

A = Information Referral	I = Counseling
B = Emergency Care	J = Self-Help
C = Detox (Alcohol/Drug)	K = Children of Alcoholics
D = Antabuse (Alcohol) or Methadone (Drug)	L = Co-Dependency
E = Residential (Alcohol/Drug)	M = Supportive Services
F = Day Treatment	N = Prevention
G = Outpatient/Non-Residential (Alcohol/Drug)	O = School Based Programs
H = Aftercare	

Table 4-4A Service Matrix
Level 1 Agencies Providing Alcohol or Drug Services to Exclusively or Predominantly Gay Male Clientele

Agency	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
18th Street Services ¹	X						X ^{AD}	X	X	X					
Acceptance Place ¹	X	X			X ^{AD}			X	X	X	X	X	X		
AIDS Indigent Direct Services	X						X ^{AD}	X		X					
AIDS Infor BBS	X							X							
Baker New Place ¹	X	X			X ^{AD}			X	X	X		X	X		
Bay Area HIV Support & Ed Servs	X							X	X	X					
Castro County Club ¹	X									X					
Catholic Charities--AIDS/ARC Division	X	X		X ^A		X		X	X	X					
Community United Against Violence	X	X						X	X						
Gay Rescue Mission	X	X						X		X					
Instituto Familiar de la Raza-Latino AIDS Services				X ^A				X	X						
Most Holy Redeemer Support Group	X							X				X			
San Francisco AIDS Foundation	X	X						X	X	X					
San Francisco AIDS Found. Hotline	X														
Steps: Empowerment for People	X									X					
Stop AIDS Project	X								X	X					
Team II Outpatient Clinic	X							X	X						
The EACH Program ¹								X	X						
Peter Claver Community	X			X ^A				X	X	X					
Youth Networks	X							X					X		
Total Number of Agencies: 20	18	6	0	3^A	2^{AD}	1	2^{AD}	16	12	12	1	3	3	0	0

^A Alcohol

^D Drug Services Only^{AD} Alcohol and Drug Services

¹ Indicates Agency is primarily alcohol and drug focused.

Table 4-4B
Service Matrix
Level 1 Agencies Providing A.O.D. Services to a Predominantly Gay and Lesbian Clientele

Agency	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Gay Youth Community Coalition	X							X			X	X			
Operation Concern ¹	X						X ^{AD}	X	X	X	X	X		X	
Pacific Center Human Growth ^{1,2}	X							X		X					
Total Number of Agencies: 3	3	0	0	0	0	0	1^{AD}	3	1	2	2	2	0	1	0

AD Alcohol and Drug Services

Table 4-4C
Service Matrix
Level 1 Agencies Providing A.O.D. Services to Exclusively or Predominantly Lesbian Clientele

Agency	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Iris Project - WIMH ¹	X						X ^{AD}	X	X	X	X				
Lyon-Martin Women's Health Services	X							X					X		X
Total Number of Agencies: 2	2	0	0	0	0	0	1^{AD}	2	1	1	1	0	1	0	1

^{AD} Alcohol and Drug Services

¹ Indicates Agency is primarily alcohol and drug focused.

² PCHG serves sexual minorities, including bisexuals, transvestites, and transsexuals, as well as gay men and lesbians.

These service matrices provide a useful visual representation of gaps in the overall service continuum for alcohol and drug problems among gay men. Table 4-4A suggests the following about the availability of services from Level 1 programs:

- No Level 1 provider responding to the survey appears to offer a full spectrum of services.
- Information and referral is, predictably, the service provided by nearly all of the reporting providers.
- The next most frequently provided service is "aftercare", a category which included two items on the survey, "aftercare" and "relapse prevention." Seventy-four percent of all respondents checked these items, including several non-alcohol and drug focused agencies. This would indicate that as clients are provided with health and mental health services, maintaining their sobriety is included as an adjunct goal. "Counseling" and "self-help groups" were selected almost as frequently (by 60 percent of the respondents) half of whom were not alcohol and drug-focused agencies. These services may also deal with alcohol and drug problems secondarily.
- Among the five alcohol and drug focused organizations, the range of available services in descending order follows:
 - Information and referral: all
 - Self help groups: all
 - Aftercare: four
 - Counseling: four
 - Emergency care: two
 - Co-dependency programs: two
 - Other supportive services including family reunification, parent education and parent support groups: two
 - Residential services: two
 - Outpatient services to people initiating recovery: one
 - Programs for children of alcoholics: two
 - Antabuse or methadone programs: none
 - Detoxification services: none
 - Prevention (not HIV related) programs: none
 - School-based services: none

Obvious gaps in this array of services to gay men are in the most expensive, treatment intensive modalities, namely, detox and residential services, as well as programs which use chemical inhibitors. A glaring omission is the lack of alcohol and drug prevention programs which are separate from HIV prevention, and which go beyond program advertising.¹⁰ Table 4-4B, which displays services provided by agencies targeting both gay men and lesbians, indicates a similar service array. No residential, detox, chemical inhibitor, emergency, day treatment, supportive or school based programs are provided by these organizations.

Services targeting lesbians are nearly non-existent. Table 4-4C on the preceding page summarizes the array of services available. While services to gay men exist, albeit sparsely, in every service category listed, there are several complete gaps in services to lesbians. According to survey respondents, no agency provides any emergency care, detox, antabuse or methadone maintenance, residential, day treatment, co-dependency, or prevention services to a primarily lesbian clientele.

4.2.4. Alcohol and Drug Services Available Through Level 2 Agencies

Level 2 agencies, those which provide gay and/or lesbian oriented counseling groups, also provide other alcohol and drug related services to lesbians and/or gays. These are listed in the following two tables, the first listing services from agencies that provide counseling groups for lesbians, and the second from agencies that provide counseling groups for gay men.

With the inclusion of Level 2 agencies, the array of services available to lesbians and gay men improves somewhat. Emergency care, detox, antabuse, and methadone services are available to lesbians through these agencies, as are residential, day treatment, co-dependency, and some supportive services. However, the survey does not provide any information about how many lesbians actually access these services.

¹⁰Prevention programs might include responsible hospitality and server training; addressing the AOD use policies of gay, lesbian, and bisexual organizations and social groups; and media campaigns targeting lesbians.

Table 4-5A
Level 2 Agencies with Gay Men's Counseling Groups

Agency	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Bayview Drug Treatment															
Center for Special Problems	X		X ^{AD}	X ^A			X ^{AD}	X	X	X		X			
Chemical Awareness & Treatment Services	X	X	X ^D	X ^D	X ^{AD}		X ^{AD}	X	X	X	X	X	X		X
Futures in Recovery	X						X ^{AD}	X	X	X	X	X	X		
Haight Ashbury Free Clinics-Drug Detox	X	X	X ^D	X ^A			X ^D	X	X	X		X	X		
MOVE (Men Overcoming Violence)															
Psychiatry Department, Kaiser, SF	X	X	X ^{AD}	X ^A			X ^{AD}	X	X	X	X	X	X		
Westside Outpatient Clinic	X														
Total Number of Agencies: 8	6	3	2^{AD} 2^D	1^D 3^A	1^{AD}		3^{AD} 1^D	5	5	5	3	5	4	0	1

A Alcohol

D Drug Services Only

AD Alcohol and Drug Services

Table 4-5B
Level 2 Agencies with Lesbian Counseling Groups

Agency	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Chemical Awareness & Treatment Services	X	X	X ^D	X ^D	X ^{AD}		X ^{AD}	X	X	X	X	X	X		X
Haight Ashbury Alcohol Treatment Services	X		X ^{AD}	X ^A		X	X ^{AD}	X	X	X	X	X			
La Casa De Los Madres	X							X					X		
Woman, Inc.	X							X							
Total Number of Agencies:	4	1	1^{AD} 1^D	1^D 1^A	1^{AD}	1	2^{AD}	4	2	2	2	2	2	0	1

A Alcohol

D Drug Services Only

AD Alcohol and Drug Services

In summary, some programs offer alcohol and drug services targeted specifically to lesbians and gay men. Level 1 agencies focus all their efforts either exclusively or primarily on lesbians and/or gay men. Level 2 agencies serve a general population, but provide counseling groups specifically to lesbians or gay men. Among the 37 Level 1 and 2 survey respondents, 28 served gay men, six served lesbians, and three served both.

The spectrum of alcohol and drug services available through Level 1 and 2 agencies was incomplete. The most commonly offered services were information and referral, aftercare, and peer counseling. Fewest services were available to lesbians, with no program in Level 1 offering emergency care, detox, residential, day treatment, chemical inhibitor, co-dependency, or prevention services not related to HIV prevention.

4.2.5 Profile of Clients Served by Level 1 and 2 Agency Respondents

The survey attempted to determine who among the lesbian and gay communities were being served by programs specifically targeting this population. The survey gathered this information in two ways:

- By presenting providers with a list of possible types of clients they may have served, and to check whether or not their agency serves each type.
- By asking providers to estimate the ethnic group percentages of their lesbian and gay male clients.

The tables on the following pages display information about what type of lesbian and gay clients are receiving alcohol and drug services from Levels 1 and 2 agencies.

Ethnicity

Agencies were asked whether they served any Asian or Pacific Islander, Black, Latino or Native American gay or lesbian clients. They were also asked to identify, if possible, the percentage of their gay and lesbian clients who were of these ethnicities. The following Tables display the results of the responses to these questions.

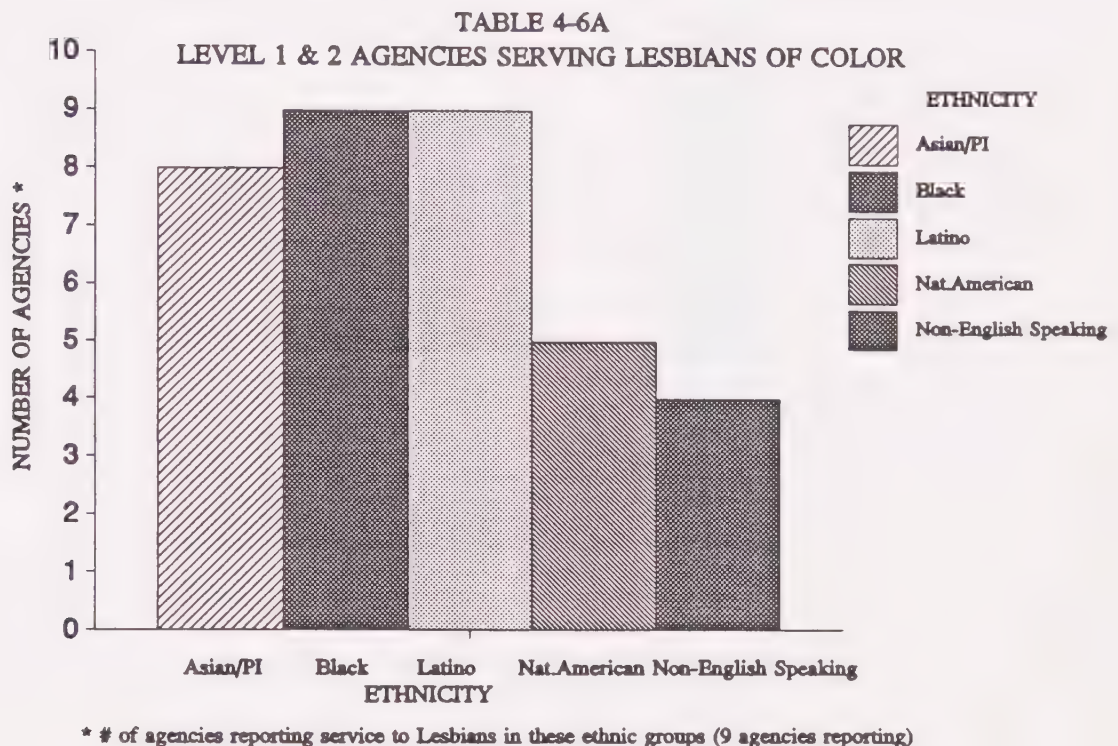
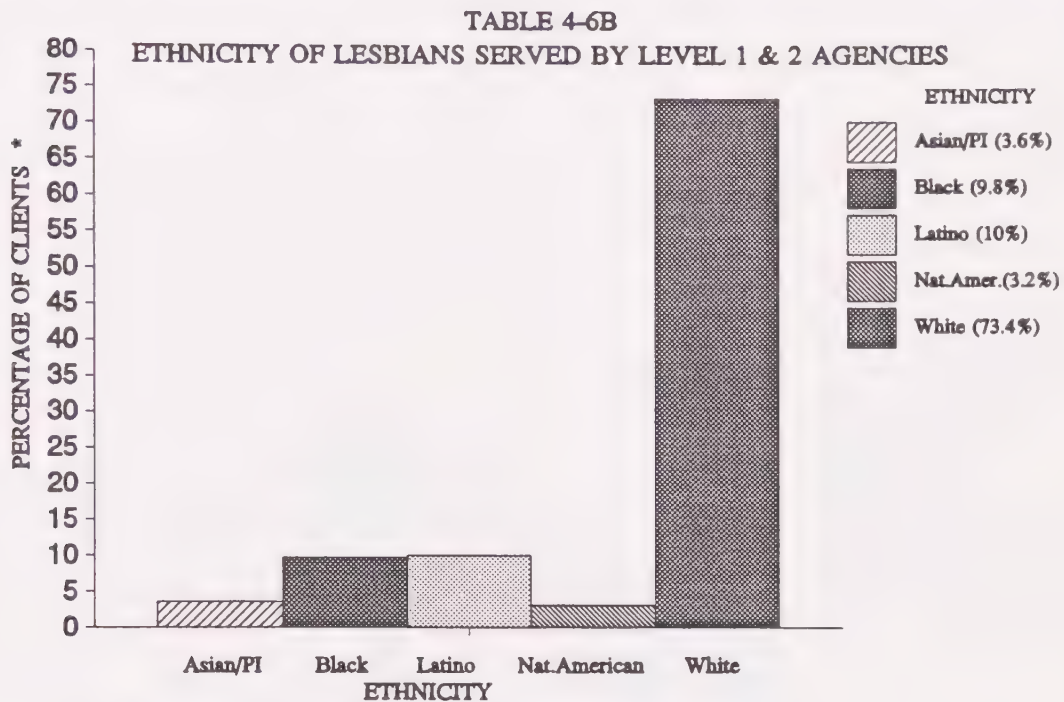


Table 4-6A indicates that most of the nine lesbian-oriented agencies serve women of color. Table 4-6B illustrates the actual reported percentage of clients within each ethnic group served by the six agencies that either kept these statistics on lesbian clients, or were willing to estimate. This display indicates serious under-service of non-white lesbians. When compare to Table 4-1 which displays the ethnicity of all CSAS agency clients, it is apparent that lesbians receiving alcohol services from lesbian-oriented programs are significantly over-represented by white women.



* Percentage of clients in each ethnic category (5 agencies responding)

Among the agencies that are alcohol and drug focused, only one, the Iris Project, reported serving a significant number of lesbians of color: 18 percent Black and 17 percent Latina lesbians. Other agencies reporting service to significant numbers of lesbians of color were Women Inc., a domestic violence program reporting a lesbian clientele that is 10 percent Black and 20 percent Latina, and Lyon-Martin Health Services reporting a 10 percent Black lesbian clientele.

Table 4-7A displays the same ethnicity data for alcohol and drug services to gay men.

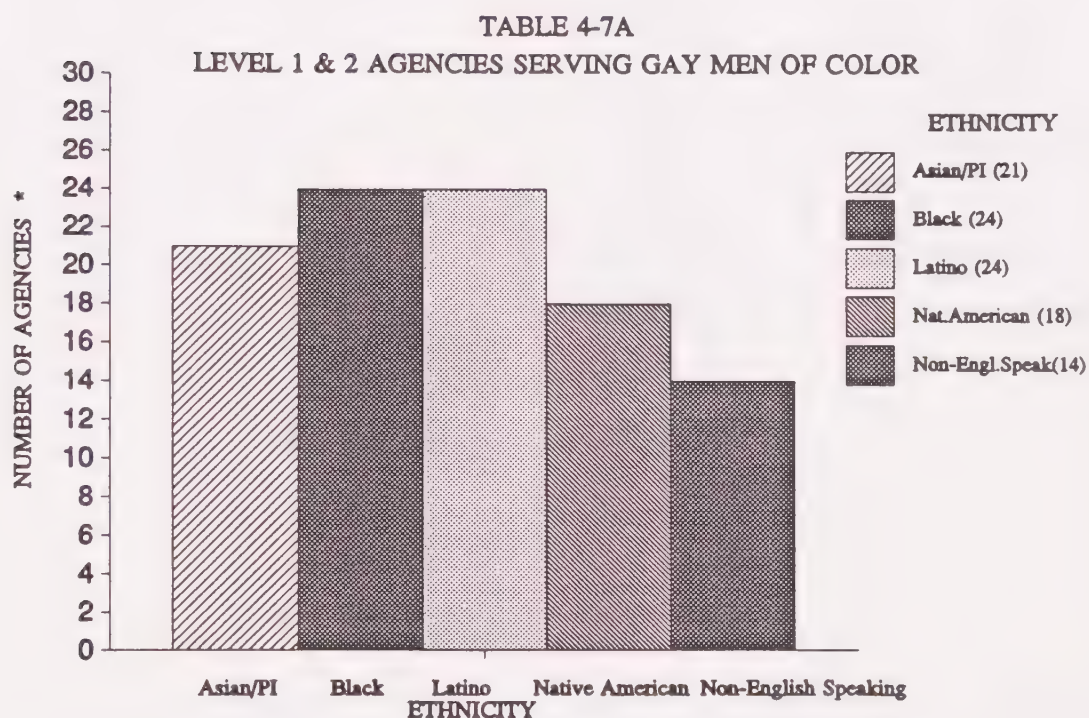
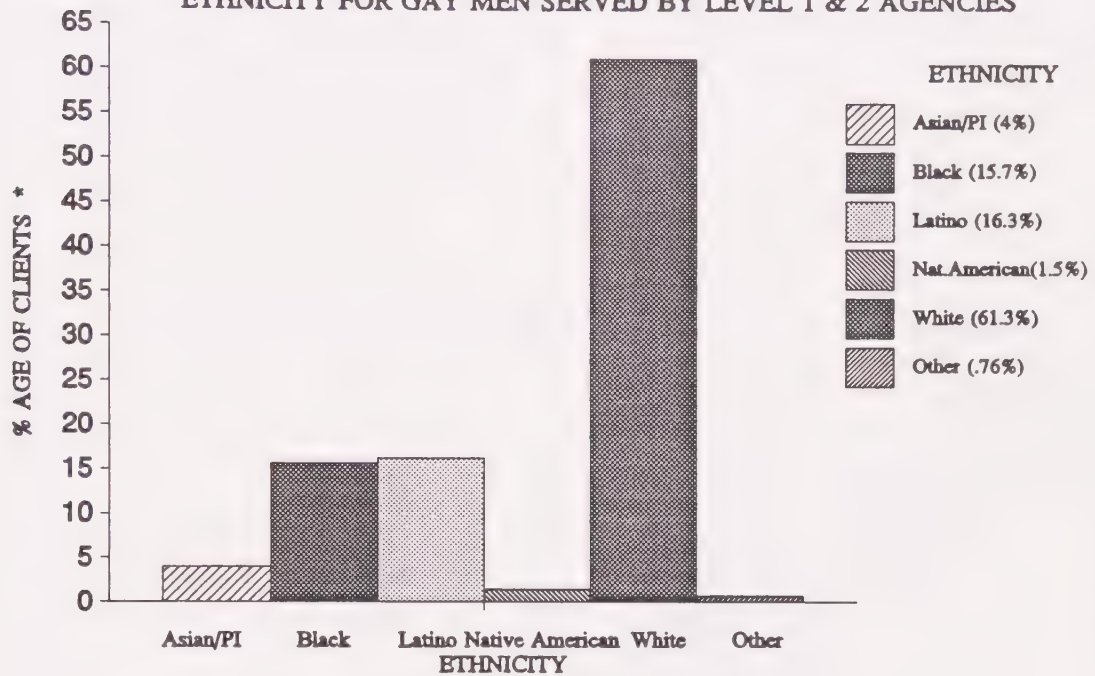


Table 4-7A shows that most of the 31 Level 1 and 2 agencies responding to the provider survey serve gay men of color. Eighteen agencies provided data on what percentage of their total clientele were gay men of color. Of these, a slightly higher average percentage (15.7% and 16.3% respectively) were Black and Latino as compared to the lesbian serving agencies. The percentages of Asian and Pacific Islander (4%) and Native American (1.5%) gay men were very small and similar to lesbian serving agencies.

TABLE 4-7B
ETHNICITY FOR GAY MEN SERVED BY LEVEL 1 & 2 AGENCIES



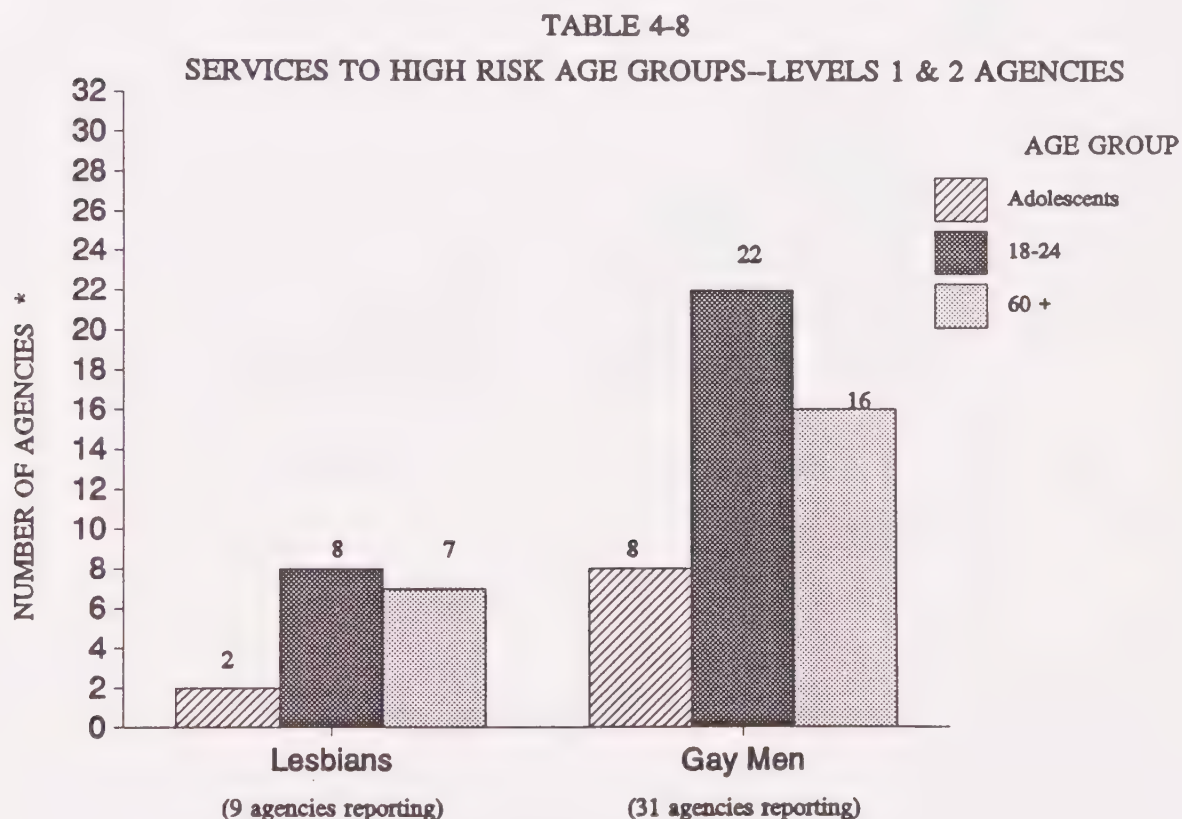
* Percentage of clients in each ethnic category (18 agencies reporting)

Of the 18 agencies reporting ethnicity data about their gay male clients, five were alcohol and drug oriented agencies. Several HIV-oriented programs, including the EACH Program, Instituto Familiar de La Raza, Catholic Charities AIDS/ARC Division, AIDS Indigent Direct Services, San Francisco AIDS Foundation, and Peter Claver Community, reported large percentages of gay men of color among their clientele.

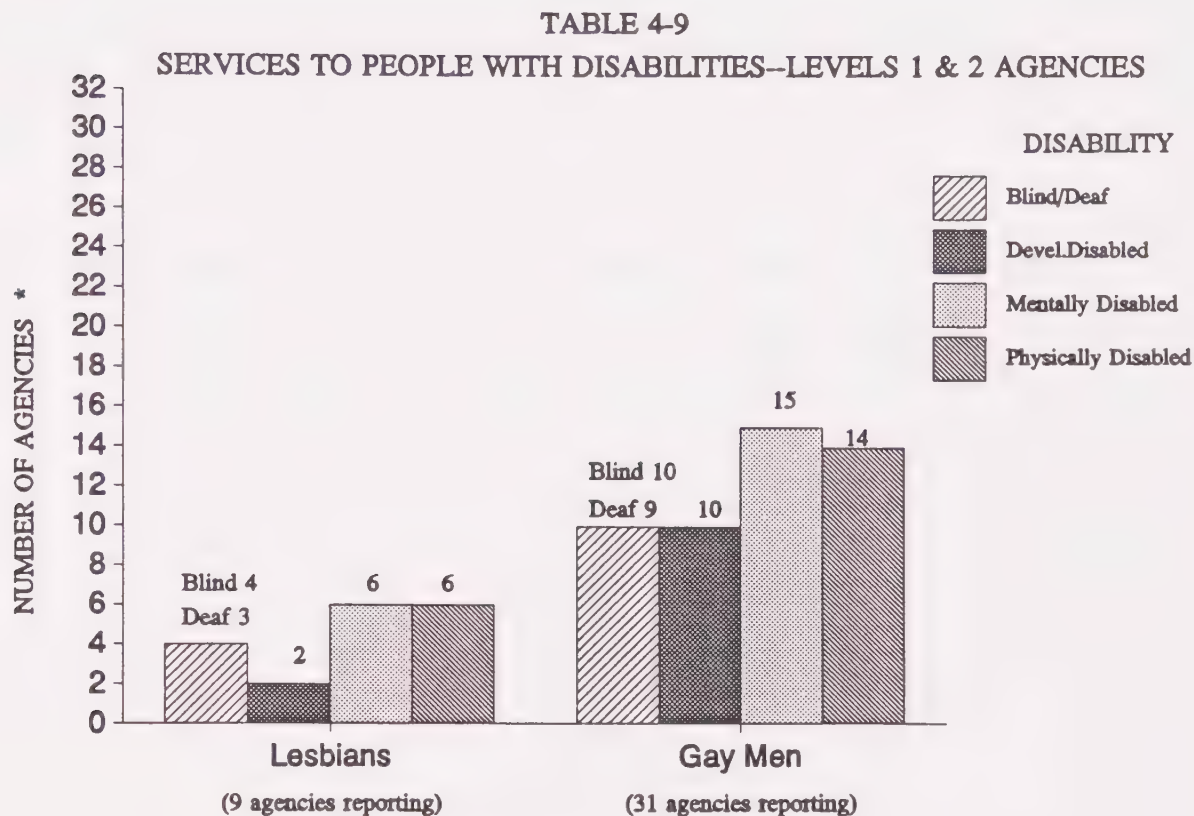
While gay men of color have a somewhat larger pool of programs to serve them as compared to lesbians of color, the number of agencies with overwhelmingly white clienteles (80% and higher) is still the rule rather than the exception.

Age

To determine how many providers reached three particularly high risk age groups -- adolescents, young adults and seniors, the survey asked respondents to indicate whether or not they provide alcohol and drug services to lesbians and gays in any of these three ages groups. Table 4-8 displays the responses.



Young adults aged 19-24 were served by a clear majority of both lesbian and gay agencies -- three quarters of the lesbian agencies, and 70 percent of the gay men's agencies. Few programs served adolescents, especially young lesbians.



Disability

The survey asked respondents to identify whether any of their lesbian and gay clients receiving alcohol and drug service had any of five disabilities. Table 4-9 displays their responses. According to these responses, lesbians and gay men with developmental disabilities are least likely to receive alcohol and drug services from agencies which target lesbians and gay men. People with physical and mental disabilities were about equally likely to be served by gay and lesbian programs: 66 percent of all lesbian programs reported serving mentally ill and physically challenged clients, while over half of the gay programs reported doing so.

These figures do not say anything about how agencies may or may not modify their services for disabled populations, nor do they guarantee that agency settings have been made physically accessible. The numbers only describe agencies reporting disabled people in their client population.

Other Characteristics of Lesbian and Gay Clients of Level 1 and 2 Agencies

- **People Who are HIV Positive** As would be expected, most agencies in Levels 1 and 2 reported serving people who are HIV positive. Eight out of nine lesbian-serving agencies reported positively, and 21 out of 32 gay men-serving agencies responded "yes" to serving people who are HIV positive.
- **Offenders** Another group of people at high risk for alcohol and drug problems are those who have entered the criminal justice system. The survey gathered data on how many agencies have provided alcohol and drug services to lesbians and gay men who fit one of the five categories of offenders: DUI offenders, jail and prison inmates, parolees and probations. The categories of offenders served by most agencies were the following:

DUI offenders: 7 lesbian-serving agencies
 15 gay men-serving agencies

Probationers: 6 lesbian-serving agencies
 17 gay men-serving agencies

Parolees: 5 lesbian serving agencies
 14 gay men serving agencies

Jail inmates received services from two programs serving lesbians and four programs serving gay men. Similarly, lesbian prison inmates received services from two agencies, and gay men from five agencies. (It is not clear if these agencies actually provide services in jail or prison, or whether some of their clients were previously incarcerated.)

These data do not reveal anything about the kind of services provided for these populations, but they do suggest that many lesbian and gay alcohol and drug providers are dealing with clients whose alcohol and drug problems have led to trouble with the law.

- **Parents** The survey asked providers whether any of their lesbian and gay clients were parents. Seven of the nine lesbian serving agencies responded "yes", as did 23 of the gay men-serving agencies. When matched with these providers' responses to the list of parent-oriented alcohol and drug service modalities they provide, the following patterns emerged:

Parent education or parent support groups:	2 lesbian serving programs 3 gay men serving programs
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Family reunification services:	1 lesbian serving program 3 gay men serving programs
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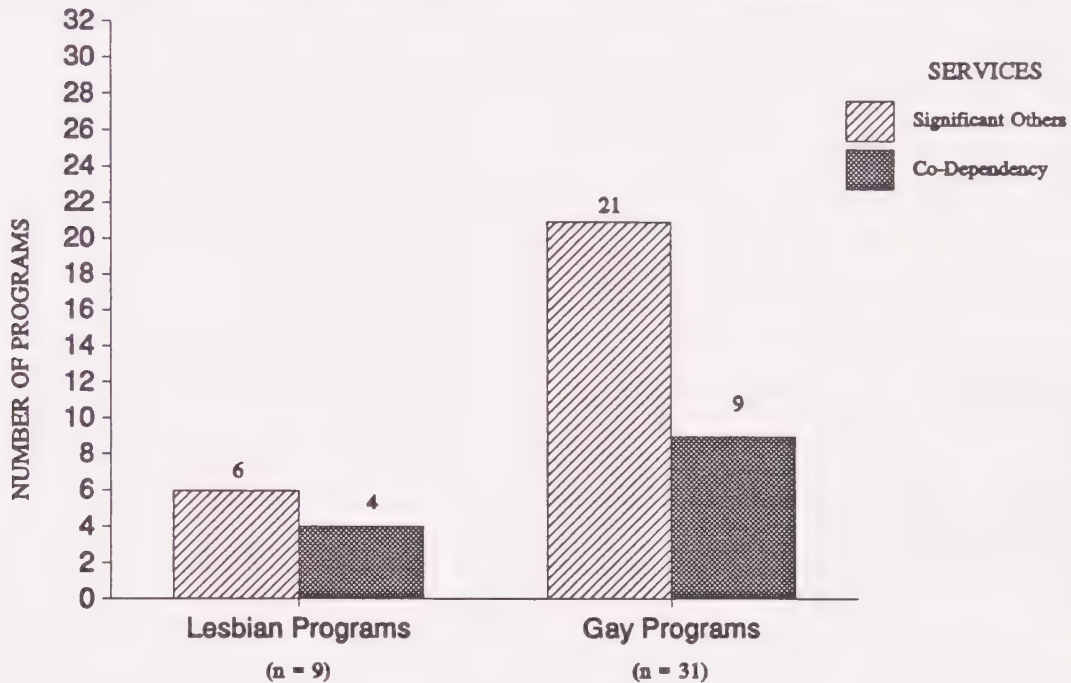
Child care:	2 lesbian serving programs
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These data suggest that while both lesbian and gay programs do serve parents, they have not integrated parent-oriented service modalities into their array of services.

- **Significant Others** Providers were asked to indicate whether they served significant others of alcohol and drug abusers. They were also asked whether they provide co-dependency services. Table 4-10 summarizes responses to these questions.

Significant others receive services at two thirds of both the lesbian and gay men serving programs. About half of these programs offer services relating to co-dependency. The survey did not ask providers to describe what other services they provide to significant others of lesbian and gay substance abusers.

TABLE 4-10
LEVELS 1 & 2 AGENCIES PROVIDING SERVICES TO GAY/LESBIAN SIGNIFICANT OTHERS



- Clients With a History of Abuse** The survey asked agencies to indicate whether or not they provided alcohol and drug services to lesbians and gay men who were survivors of rape, incest or other violent crime. Eight out of nine programs serving lesbians reported that they served clients who were survivors of all these categories of violence. For programs serving gay men, survivors of incest were served by 23 of the 32 programs, while survivors of rape and other violent crimes were reported to be served by 19 programs.

These data indicate that at the very least the history of violence of lesbian substance abusers is better known to providers than is known by those serving gay men. It also is likely that women are more often victims of violence than are men. The high awareness among providers of incest histories among gay male substance abusers is also significant.

-
-
- **Other Populations** Five other client populations who have special needs were included in the provider survey list: prostitutes and sex workers, transsexuals, pregnant women, veterans and homeless people. For lesbian serving programs, prostitutes and other sex workers were served by more agencies (seven) than any of the others categories. About the same number of gay men serving programs reported serving prostitutes and sex workers, transsexuals and veterans: an average of 13 agencies.

These data suggest the mix of lesbians and gay men who seek help for alcohol and drug problems.

4.2.6 Accessibility of Services for Level 1 and 2 Programs

The provider survey gathered data on a number of factors that affect the accessibility of alcohol and drug abuse services for gay men and lesbians. These factors focused on cost of services, waiting lists, childcare and willingness to accept clients on psychoactive medication. The last two factors were discussed in a previous section; this section will focus on the first two.

Cost of Services

Providers were asked to indicate whether they charged fees, and if so whether they accepted various forms of payment. The following are their responses:

- Nearly all (eight out of nine) lesbian serving agencies charge a sliding fee scale, with six of the agencies reporting that at least for some clients, no fee is charged. Health insurance is accepted by three programs, MediCal by three and Medicare by four.
- Among gay men serving programs, sliding fee scales were used by almost half (14 out of 31). Sixty-eight percent (21) indicated that they charged no fee for at least some clients. Health insurance was accepted by a third of the providers, as was MediCal. Medicare was accepted by only five, about 16 percent.

Waiting Lists

A third (three) of the lesbian serving agencies reporting waiting lists of over two weeks, while the rest of the programs indicated shorter waiting periods. Six of the nine agencies provide interim services for people on their waiting lists.

Similarly, one third (11) of the agencies serving gay men reported waiting lists of over two weeks, and the same number reported shorter waiting periods. One third also reported providing interim services for people on waiting lists.

Summary

The existence of sliding fee scales indicates that programs may be more accessible to lowest income clients who may be eligible for low or no fees. Depending on the fee scale, middle income clients may not find services to be as accessible, especially since health insurance is not accepted by most programs. The "working poor" who are eligible for MediCal are also similarly disadvantaged. However, since the survey did not gather data on actual fees charged, it is not possible to make definite statements about accessibility to services due to financial constraints.

Two week or longer waiting lists face potential clients at a third of both lesbian and gay serving programs. With substance abuse treatment particularly, a waiting list can be a serious impediment to an individual's ability to initiate recovery. Interim services can help, and are offered by those agencies with longer waiting lists. The survey did not gather data on what interim services entailed.

4.3. ALCOHOL AND DRUG SERVICES AVAILABLE TO LESBIANS AND GAY MEN IN AGENCIES TARGETING THE GENERAL POPULATION (LEVEL 3)

Gay men and lesbians with substance abuse problems often seek services from organizations that do not target the lesbian and gay communities. The 1988 "Window Survey of Sexual Minority Clients in Alcohol Treatment Programs" found that of 549 males being

served in 15 alcohol treatment programs, 17 percent identified as gay or bisexual. Of 250 women, 16 percent identified as lesbian or bisexual.¹¹ These "mainstream" programs may serve the general population, or they may target specific groups such as veterans, the homeless, ethnic groups, youth, seniors, or any combination of these and others. As lesbians and gay men are found in every segment of the general population, the odds are good that non-gay/lesbian oriented programs are providing services to gays and lesbians.

Indeed, the Level 2 programs discussed earlier are mainstream programs that consciously serve gay men and lesbians by providing counseling groups. But the vast majority of mainstream programs do not provide special services to gays and lesbians. It is these programs -- mainstream organizations reporting gay men and lesbians among their clientele -- which are classified as Level 3 agencies.

Level 3 agencies are important for a number of reasons. First, it is assumed that many gay men and lesbians will choose to receive services from Level 3 programs. This may stem from a desire to keep one's sexual orientation hidden from others or even from oneself. Gay men or lesbians may be unaware of programs that specifically serve them; they may be following a referral from an employer, friend, or relative, or their choice of services may be constrained by financial limitations or waiting lists. Level 3 agencies may also be more likely to attract bisexual people, as well as heterosexuals who engage in same sex behavior.

Of the 140 agencies responding to the provider survey, 37 were placed in Levels 1 and 2, and 76 in Level 3. Twenty-seven other agencies responded to the survey. Of these, some were disqualified because they provided no alcohol and drug services at all. The rest were eliminated because while they provided alcohol and drug related services, they reported that they served no gay men or lesbians. It is unlikely that this is true. These providers

¹¹Madover, Scott. "Window Survey of Sexual Minority Clients in Alcohol Treatment Programs," December, 1988. In Cooperation with the city wide Alcoholism Advisory Board, Community Substance Abuse Services, and Mimi Goodwin.

most likely are unaware of any gay men or lesbians they have served. However, their assessment was taken at face value and their responses eliminated from the data base.

4.3.1. Description of Alcohol and Drug Services Provided By Level 3 Agencies

As with Levels 1 and 2 agencies, Level 3 agencies include a mixture of alcohol and drug programs as well as programs which have another service focus, such as health or mental health, but which deal secondarily with substance abuse. Of the 76 agencies in Level 3, 43 percent, or 33, are primarily alcohol and drug focused. This is similar to the 38 percent of the Level 1 and 2 agencies that were alcohol and drug focused.

The array of services available to lesbians and gay men through Level 3 agencies (as part of the general clientele of programs) are illustrated as follows:

<u>Service Modality</u>	<u>Number of Agencies Providing Service</u>
Information and Referral	68
Emergency Care	28
Detox (Alcohol)*	11
Detox (Drug Abuse)*	15
Antabuse**	13
Methadone**	10
Residential (Alcohol)***	15
Residential (Drug)***	15
Day Treatment	12
Outpatient/Non-Residential - Alcohol****	22
Outpatient-Non-Residential - Drug****	27
Aftercare	58
Counseling	45
Self-help groups	43
Children of Alcoholics/Addicts services	17
Co-dependency services	20
Supportive services (includes family reunification, parent education and parent groups)	19
Prevention	5
School based programs	9

* four detox programs are drug only; 11 are alcohol and drug.

** five antabuse only, two methadone only, eight are both methadone and antabuse.

*** 13 residential programs are alcohol and drug; one is alcohol only, one drug only.

**** six outpatient/non-residential programs are drug abuse only; one is alcohol abuse only; 21 are alcohol and drug.

This array of services provided by Level 3 survey respondents is comparable to the array offered by Level 1 and 2 agencies. The most frequently provided services are the less intensive and expensive: information and referral, aftercare, counseling, and self-help groups. The least frequently offered services were detox, residential services, day treatment, children of alcoholic and co-dependency programs, supportive services oriented to parents, prevention and school based programs.

Since these data come from a subset of all alcohol and drug service providers in San Francisco, it can only suggest possible patterns of service delivery. Levels 1 and 2 agencies probably come much closer to representing the total universe of agencies providing alcohol and drug services to a predominantly lesbian and gay clientele, or that offer some specific services to these groups. Level 3 survey respondents, on the other hand, comprise a smaller percentage of all agencies that provide some kind of alcohol and drug services to lesbians and gay men as part of a generic program. The 76 Level 3 providers who responded to the survey do, however, offer an interesting glimpse into the array of services available to lesbians and gays in mainstream agencies.

4.3.2. Characteristics of Level 3 Programs' Clients

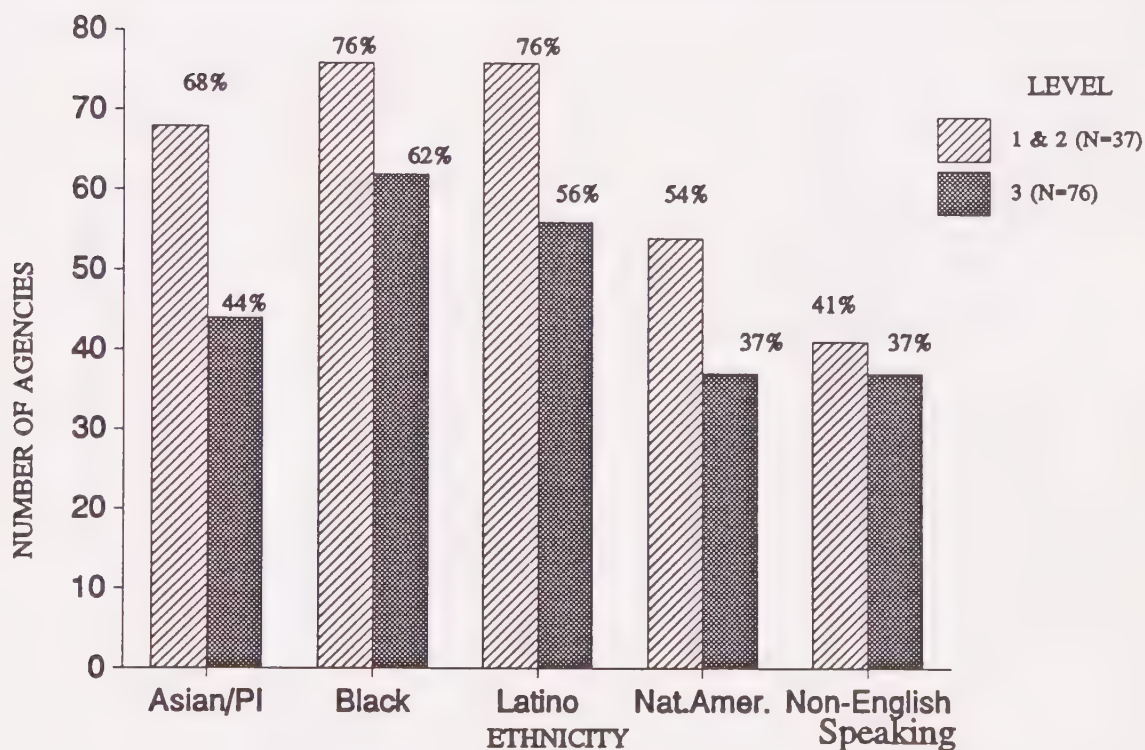
The survey asked providers to identify a number of characteristics of lesbian and gay clients served by their programs. An array of characteristics were offered, and respondents indicated which of these was represented in their client population. This section compares the client characteristics of Level 1 and 2 agencies with Level 3 agencies.

Ethnicity

Determining the ethnic mix of lesbian and gay clients served by Level 3 programs was more difficult than for Level 1 and 2 clients. Three items on the survey gathered ethnicity data. The first asked respondents to indicate whether or not their program has served lesbians and gay men who were Asian/Pacific Islander, Black, Latino or Native American.

The second asked the same agencies to estimate the percentage of lesbians and gays of each ethnicity. The vast majority of agencies were unable to estimate ethnicity of their lesbian and gay clients. A third item asked them to estimate the ethnicity of their *total* client population, and many more were able to do so. The following tables illustrate data gathered by the first and third survey item described previously.

TABLE 4-11A
LEVEL 1, 2, & 3 AGENCIES SERVING EACH ETHNIC MINORITY GROUP



Tables 4-11A suggests that more Level 1 and 2 agencies (those specifically targeting lesbians and gay men) serve a greater mix of ethnicities than do Level 3 agencies. As suggested earlier, if these differences are real, they may be a result of a lack of ethnic specific gay and lesbian-serving alcohol and drug services.

TABLE 4-11B
CLIENTS FROM EACH ETHNIC GROUP COMPARISON OF LEVELS 1, 2 & 3

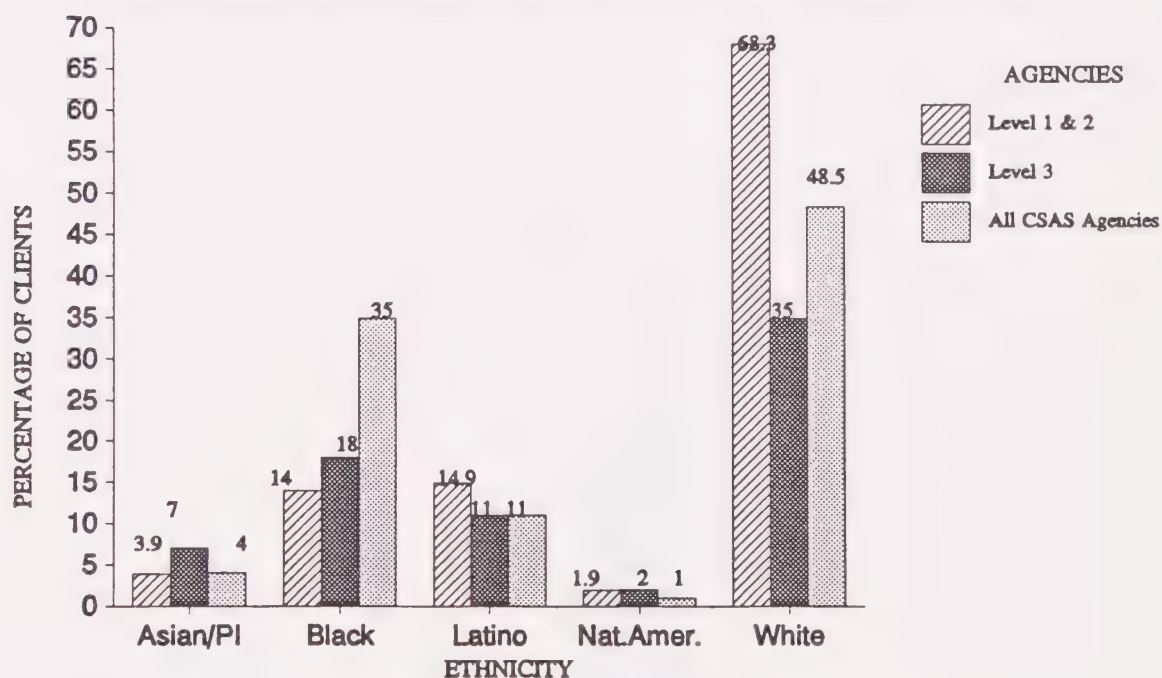
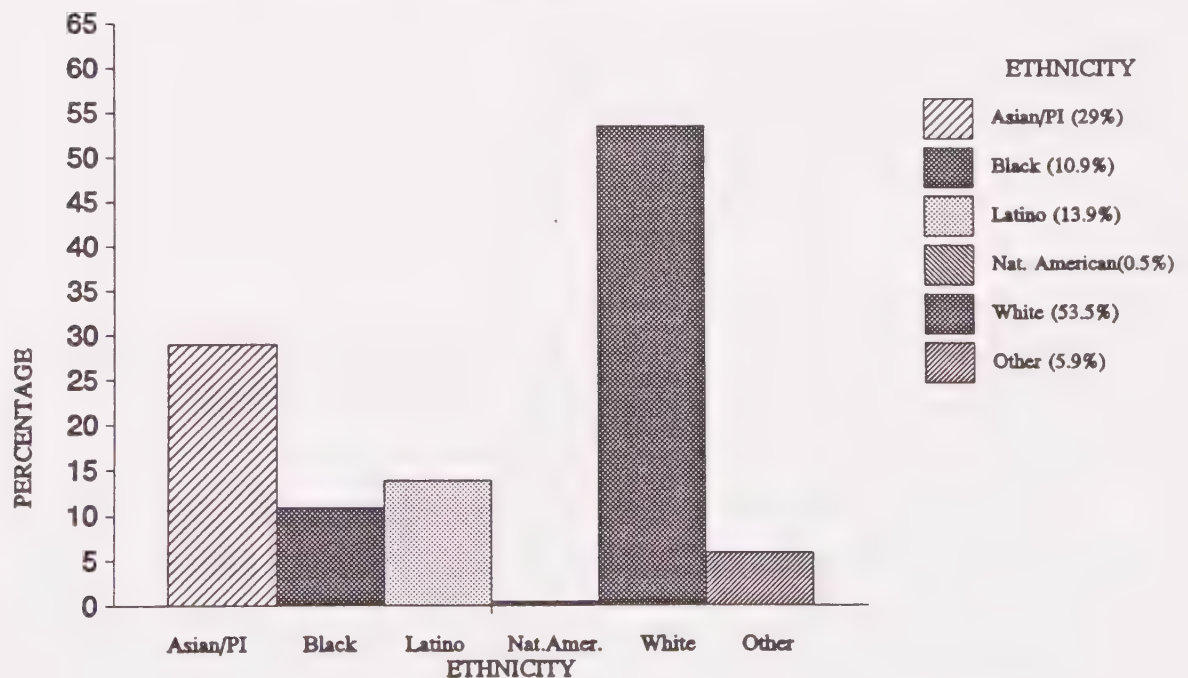


Table 4-11B compares the average reported percentages of clients from each ethnic group served by Level 1, 2, and 3 agencies with all CSAS agencies. The percentages for Level 1 and 2 agencies (a combined figure) apply to gay and lesbian clients, while the figures for Level 3 agencies and all CSAS agencies apply to all clients served by those programs.

The major discrepancy between the ethnicity of Levels 1, 2, and 3 and all CSAS clients is the percentage of Black clients served. In Levels 1, 2, and 3 agencies, the percentage of clients who are Black is about half that of those clients served by all CSAS agencies.

When these figures are compared to total San Francisco population data (Table 4-11C), the percentages of Black, Latino and Native American people receiving services from Levels 1, 2, and 3 agencies appear to be closer to the actual overall population proportions. Asians and Pacific Islanders are substantially under represented in Level 1, 2, and 3 agencies as well as all CSAS agencies.

TABLE 4-11C
ETHNICITY OF TOTAL SAN FRANCISCO POPULATION (N=723,959) *



* From 1990 Census

Age

The survey asked respondents whether their agency provided alcohol and drug services to lesbians and gays in three high risk age groups: adolescents (under 18), young adults (18-24) and people over 60. Twenty-two percent of Level 3 agencies reported serving adolescents, similar to the percentage of the lesbian and gay men-serving agencies in Levels 1 and 2.

More lesbian and gay agencies provide services to the young adult groups. A total of 76 percent of all lesbian and gay Level 1 and 2 programs served young adults, while only 53 percent of the Level 3 agencies reported serving this age group. Finally, 58 percent of Level 1 and 2 programs reported serving lesbians and gays over 60, while only 38 percent of Level 3 agencies reported providing alcohol and drug services to this population.

These data do not reveal how many lesbians and gays within each of these high risk age groups are served by any of the agencies responding to the survey. What may account for the difference is that Level 3 agencies may be more age-group specific in some of their targeted service, and that Level 1 and 2 agencies may tend to be more age inclusive in order to meet the needs of the greatest number of lesbians and gay men.

Disability

Level 3 agencies, again, are not as likely to provide services to people with disabilities as are Level 1 and 2 agencies. The survey asked respondents to indicate whether or not gay men and lesbians with the following disabilities were provided alcohol and drug services: blind, deaf, developmentally disabled, mentally disabled, and physically disabled.

More Level 1 and 2 agencies reported serving people with disabilities in all categories than did Level 3 agencies. Again, this discrepancy may be explained by the fact that Level 1 and 2 agencies must be more flexible in attempting to meet the needs of gay men and lesbians with disabilities, since specialized programs do not exist.

HIV Positive

As would be expected, the percentage of Level 1 and 2 agencies serving people who are HIV positive was substantially higher than Level 3 agencies: 72 percent as compared to 59 percent. But the 59 percent is itself high, reflecting the high prevalence of HIV disease among all substance abusing groups.

Offenders

People who have entered the criminal justice system were served by fewer Level 3 agencies than by Level 1 and 2 agencies, as illustrated by the following:

Type of Offender	% Level 1 & 2 agencies	% Level 3 agencies
DUI	56%	22%
Probationers	61%	41%
Parolees	49%	39%
Jail inmates	17%	22%
Prison inmates	17%	12%

The only category of offender served by a higher percentage of Level 3 agencies was jail inmates.

Parents

It would be expected that more Level 3 agencies would report serving parents among their clientele. Yet only 43 percent responded "yes" to this item, while 78 percent of the Level 1 and 2 agencies reported serving parents. One possible explanation for this discrepancy is that a gay or lesbian parent receiving services from a mainstream Level 3 agency may feel too threatened to reveal his or her sexual orientation.

Significant Others

About half of the Level 3 agencies reported serving significant others of lesbian and gay alcohol and drug abusers, while two-thirds of the Level 1 and 2 agencies reported doing so.

Clients With a History of Abuse

Once again, the percentage of Level 3 agencies reporting services to lesbian and gay clients with a history of rape, incest or other violence was significantly lower than Level 1 and 2 programs. Incest survivors were served by 78 percent of Level 1 and 2 agencies, while only 56 percent of Level 3 agencies reported serving such clients.

Rape survivors were reported to be served by 44 percent of Level 3 agencies, while 66 percent of Level 1 and 2 agencies said that they served people with this history. A nearly identical set of percentages were reported for service to victims of other violent crime (43 percent for Level 3 agencies, 66 percent for Level 1 and 2.)

It is not clear whether this discrepancy is due to Level 3 agencies not knowing about the violence history of most of their clients, or whether there is a true difference in clientele. Likewise, the difference may be due to some lesbian and gay clients feeling freer to discuss their history of violence, particularly rape and incest, when they are in a setting that openly supports and acknowledges their sexual orientation.

Other Populations

Five other client populations with special needs were included in the provider survey list: prostitutes and sex workers, transsexuals, pregnant women and veterans. As would be expected, a higher percentage of Level 3 agencies reported serving pregnant women and veterans than did Level 1 and 2 agencies. Prostitutes and sex workers were served by 46 percent of Level 3 agencies and close to half of Level 1 and 2 agencies. About a third of Level 1, 2, and 3 agencies reported serving transsexuals.

Summary

The survey results indicate that a wide variety of clients are served by all Levels of programs serving lesbians and gay men. Level 1 and 2 agencies tend to be more inclusive in the kind of clients they serve, probably as a result of a lack of alternatives for specialized services to sub-groups within the gay and lesbian community.

4.4. SENSITIVITY TO GAY AND LESBIAN ISSUES - SOME KEY FACTORS

The provider survey gathered data on several key factors that contribute to an agency's level of sensitivity to the needs of lesbian and gay clients. The survey focused on two key aspects of sensitivity: determining how an agency does or does not identify its lesbian and gay clients, and identifying in what ways an agency communicates to lesbian and gay clients that it is a safe, supportive and welcoming place. This section will present data on both of these aspects, and will compare the responses of agencies in Levels 1 and 2 with those from Level 3.

4.4.1. Identifying Gay and Lesbian Clients

Although gay men and lesbians have been identified by CSAS as in need of culturally appropriate and sensitive AOD services, this group differs in one key way from all other minority groups. Lesbians and gay men are not immediately recognizable, and indeed may choose to hide their sexual orientation out of fear of discrimination, ostracism, physical violence, loss of job or housing, or any other number of concrete or psychological costs. As the review of the literature makes clear, how an individual feels about his or her sexual orientation is a critical factor in recovery from addiction. How programs deal with this issue becomes essential to their ability to provide appropriate services to gay men and lesbians.

In addition, it has been difficult to determine the substance abuse service needs of gay men and lesbians because most programs do not keep statistics on how many gay men and lesbians are served. For these two reasons, the survey attempted to determine how

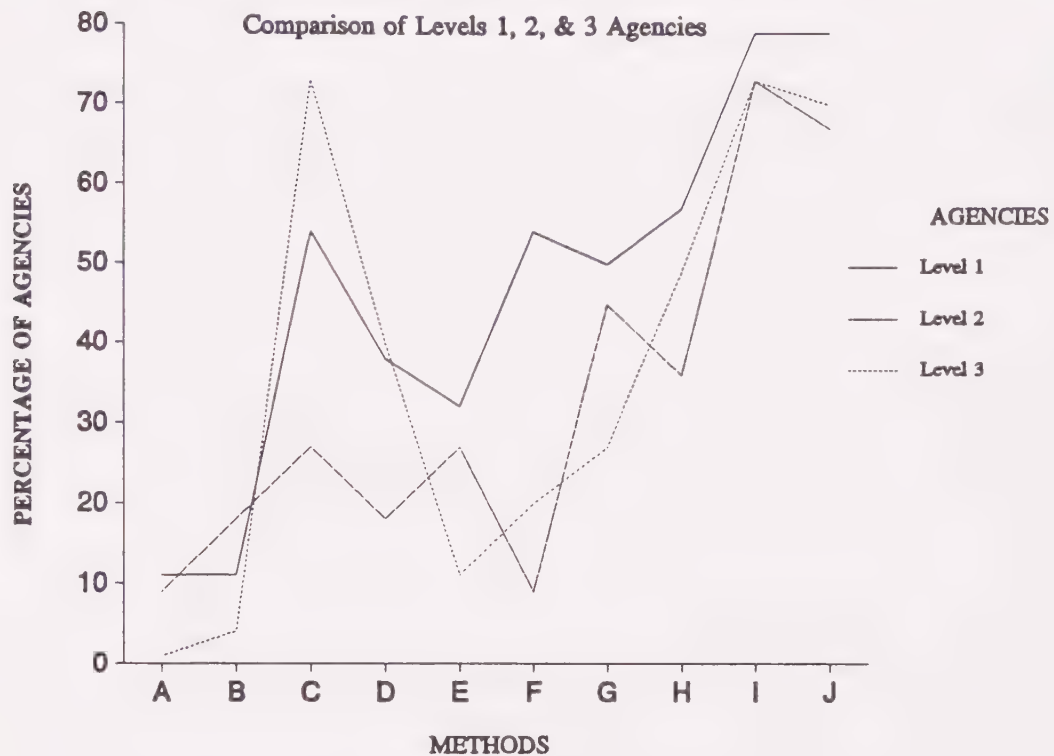
agencies deal with the issue of identifying gay men and lesbians among their client population.

The survey asked the question, "Do staff in your organization use any of the following methods to determine whether or not a client is lesbian or gay?" A list of ten methods was presented, including direct questions to the client, visual observation, asking other clients, and waiting for self-disclosure. The following Table compares the responses to this question from Level 1 and 2 agencies (those who target gay men and lesbians) with those from Level 3 agencies (those who serve lesbians and gay men only as part of their total clientele).

The cluster of methods labelled "E", "F" and "G", correspond to direct question methods (either verbally or on a form) of determining whether a client is a lesbian or a gay man. As would be expected, more Level 1 agencies tend to use these methods more often. The most commonly used of these direct methods was to ask on a form for information about a client's sexual behavior (54 percent of Level 1 agencies used this method.) This is consistent with large number of Level 1 agencies which have an HIV focus. About the same percentage (around half) of Levels 1 and 2 agencies asked clients verbally about their sexual orientation ("are you lesbian" or "are you gay"). A much smaller percentage of Level 3 agencies used any of these direct methods; the highest percentage (27%) reported asking clients verbally about their sexual orientation.

The most commonly used method of identification was the last cluster, waiting for the client to self disclose either his or her sexual orientation or sexual behavior. Seventy percent or more of agencies in all Levels reported using this method. A method used as frequently among all Level 3 agencies was item C, observing a client's clothing, jewelry and dress. Few agencies in any of the Levels relied on methods A and B, asking other clients for information about a client's sexual orientation or behavior. Asking where a client resides (item A) was used with moderate frequency by all levels.

TABLE 4-12
METHODS OF IDENTIFYING LESBIANS & GAY MEN



KEY

Other Clients:	Methods A and B	Area of Residence:	Method H
Observation:	Methods C and D	Wait for Self Disclosure:	Methods I and J
Direct Questions:	Methods E, F, and G		

Methods:

- A Ask other clients about a client's sexual orientation.
- B Ask other clients about a client's sexual behavior.
- C Observe the client's clothing, jewelry, or way of dressing.
- D Observe the client's behavior or way of speaking.
- E Ask on a form, "Are you a lesbian?" or "Are you gay?" or "Are you bisexual?"
- F Ask on a form about sexual behavior.
- G Ask verbally, "Are you a lesbian?" or "Are you gay?" or "Are you bisexual?"
- H Ask where the client resides.
- I Wait for the client to self-identify sexual orientation.
- J Wait for the client to self-disclose sexual behavior.

It also appears from Table 4-12 that Level 2 and 3 agencies use fewer methods overall in identifying gay and lesbian clients than do Level 1 agencies. For Level 1 agencies, six methods out of a possible 10 were used by over 50 percent of all agencies. For Level 2 and 3 agencies, three methods were used by half or more of the respondents.

Several Level 3 agencies commented on this section of the survey. One agency director spoke more bluntly than others, but clearly stated the problem with the issue of identification of gay men and lesbians in mainstream programs.

"I am just not comfortable with these questions. We serve alcoholics here. We don't have time to get into all these other issues. Sometimes somebody will say they're straight but you find out later they're not. That's a problem. None of the residents are supposed to get involved with anybody while they're here. We serve everybody. We just don't get into the gay issue."

Other programs opted to not fill out the survey because "we don't serve this population." Others did fill it out, but indicated that they did not serve gay men or lesbians.

Still others communicated a different concern about this issue. "We can't ask people these questions, it wouldn't be legal," commented one service provider. Another felt that the agency's Board of Directors needed to rule on whether or not the survey should be filled out. "We don't want to get into any trouble," was this program director's concern.

Other providers noted that they did not serve any gay men or lesbians but offered referrals to lesbian and gay programs. It was not clear whether they referred only self-identified gays and lesbians, and whether or not the referral was at the client's request.

Summary

The issue of how gay men and lesbians are identified in alcohol and drug programs is important for two main reasons. First, it is necessary to know how many gay men and lesbians are seeking and receiving services to know whether or not they are being adequately served. And second, what method(s) an agency uses to identify gay men and lesbians is a measure of its level of comfort with providing services to this population.

At one extreme are programs which claim they do not serve lesbians and gay men, oblivious to the fact that closeted lesbians and gay men probably have come for help. "*We don't deal with the gay issue*" belies a lack of understanding of how critical for a lesbian or gay man's recovery it is to be willing to deal very openly with "the gay issue." Sexuality is an important issue for most people in recovery. For lesbians and gay men, the issue is doubly important, since it includes not only learning to be sexual and intimate while clean and sober, but also dealing with internalized homophobia which may have been a key factor in the development of the addiction.

Other agencies describe being confused about how to most sensitively identify lesbians and gay men, and then subsequently to address their needs within a mainstream program. The clear avoidance by many Level 3 agencies of using direct approaches to identify lesbians and gay men among their client population is an indication of this confusion and concern. Since no funding source requires programs to keep statistics on clients' sexual orientation, it remains easy for Level 3 programs to avoid dealing with this problem.

4.4.2. Strategies to Provide Sensitive and Appropriate Services to Lesbians and Gay Men

Appropriate and sensitive services for gay men and lesbians occur when attention is paid to two primary aspects of service provision. The first is for providers to become familiar with specific issues that gay men and lesbians frequently deal with in recovery and to adapt the content of their services to these issues. For example, internalized homophobia, sexual issues, the length of time a recovering person has self-identified as lesbian or gay, a person's degree of connectedness to a gay or lesbian community and family attitudes are all key factors that affect recovery. If staff are familiar with these issues, their ability to work more effectively with lesbians and gay men will be enhanced.

The second way in which an organization can become sensitive is to adapt key organizational practices. The provider survey attempted to gather information on several practices that might indicate the degree to which a program is striving for sensitivity to gay men and lesbians.

The survey asked providers to indicate whether or not they employed any one of a number of strategies to improve sensitivity to gay men and lesbians. Some strategies were gay- or lesbian-specific, while others applied to both populations. The greatest number of strategies an agency could use was 11 (including eight strategies specific to lesbians or gay men, and three applicable to both.)

Among Level 1 agencies that target lesbians for services, the average number of strategies used was eight, as was the average for agencies targeting gay men. Level 2 agencies targeting lesbians averaged nine strategies, while Level 2 agencies targeting gay men averaged six. Among Level 2 agencies the least commonly used strategy was developing written policies regarding client attitudes towards lesbians and gay men.

Level 3 agencies averaged less than four strategies for lesbians and for gay men. The following lists the strategies used in descending order of frequency by Level 3 agencies:

- Employ lesbian (70%) or gay (67%) staff
- Providing staff training on sensitivity to gay men and lesbians 57%
- Providing training to reduce homophobia 42%
- Display gay-oriented (33%) or lesbian oriented (31%) brochures
- Maintain written policies regarding staff attitudes towards lesbians and gay men 31%
- Utilize gay or lesbian volunteers 31%
- Display gay (28%) or lesbian (26%) oriented posters or information
- Conduct outreach to attract lesbian or gay clients 26%
- Maintain written policies regarding client attitudes towards lesbians or gay men 25%
- Advertise in gay (9%) or lesbian (5%) publications

Although employing lesbians and gay staff was the most frequently reported strategy by Level 3 agencies, it is not clear that these staff were encouraged to be open about their sexual orientation to clients as a way to be more responsive to gay and lesbian needs. This is an important point, since the literature suggests that openly gay or lesbian recovering people can act as important role models.

The next most frequently used method of program sensitizing was staff training. Half of the Level 3 agencies reported providing some kind of staff training on homophobia or sensitivity to gay and lesbian clients. This, too, is a key strategy since it directly addresses staff attitudes and knowledge levels.

Displaying gay or lesbian oriented posters, information or brochures are visual strategies that communicate to gay and lesbian clients that the agency is aware of their existence and open to their needs. It also communicates to other clients a norm of respect and recognition of gay men and lesbians. Around a third of Level 3 agencies reported using these important strategies.

Written policies that establish acceptable standards for client and staff behaviors regarding gay men and lesbians are an important way that an agency can institutionalize its desire to provide sensitive services. More agencies reported having such policies for staff (31%) than for clients (25%).

Twenty-six percent of Level 3 respondents reported conducting some kind of outreach to gay men and lesbians. Some of this outreach was related to HIV prevention; it is not clear what other forms outreach takes. Lastly, the least frequently used (by far) method was advertising in gay or lesbian publications. This method is a direct means of communicating with the gay and lesbian community. The reason for its infrequent use is not clear.

Summary

Level 1 agencies employed most (8) of the methods listed in the survey to reach out to their target population. Level 2 agencies used an average of six out of 11 strategies listed in the survey, while Level 3 agencies reported an average of four. The most commonly used strategy in Level 3 was employing gay and lesbian staff; however, it is not clear that these staff are encouraged and supported to be open about their sexual orientation to clients. Half of Level 3 agencies provided some kind of staff training on homophobia and sensitivity to gay and lesbian issues. About a third of the agencies in Level 3 used visual means to communicate openness to lesbians and gays, including posters, brochures and other written information. The least frequently used method was advertising in gay and lesbian publications.

4.5. SUMMARY OF FINDINGS FROM SERVICE PROVIDER SURVEY

A 136 item survey was sent to all alcohol and drug and other relevant providers in San Francisco to determine level of alcohol and drug services to lesbians and gay men; 140 were returned. For purposes of this study, the system of AOD services to gay men and lesbians was conceived as having three levels that are embedded within the larger service network in the city.

Level 1 included agencies serving predominantly or exclusively gay and/or lesbian clientele. Level 2 agencies were mainstream organizations that said they provided counseling groups specifically for gay men and/or lesbians. Level 3 agencies were mainstream organizations providing some AOD services to lesbians and/or gay men, but which did not create special services for these populations. Within all of these levels, some agencies were alcohol or drug-focused, while others emphasized other services such as HIV, mental health, health, etc., and addressed AOD use secondarily. It was assumed that Level 1 and 2 agencies would be better able to provide relevant and effective services to gay men and lesbians than Level 3 agencies.

When the survey data were analyzed within this schema, the following findings emerged:

- A wide array of services, most of which are not AOD -focused, said that they provided some AOD services to gay men and lesbians. Only a handful of these were able to estimate how many lesbians and gay men they served.
- Gay male-oriented Level 1 programs outnumber lesbian-oriented programs by 10 to 1.
- Access to AOD services is much greater for gay men than for lesbians largely because of the presence of HIV programs.
- Few people of color are served by the majority of Level 1 and 2 programs.
- Most AOD prevention efforts targeting gay men and lesbians appear to be HIV related.

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- Level 1 and 2 programs serve few adolescents and people over 60. Lesbian adolescents are particularly underserved.
 - There is no lesbian residential treatment facility.
 - There may be a lack of AOD services available to lesbians and gays who lack insurance but do not meet low income criteria.
 - Waiting lists may be a barrier to services for many gay men and lesbians.

The survey also gathered data on ways in which Level 3 agencies communicate their openness to gay and lesbian clients. The survey found the following:

- Overall, Level 3 agencies appear to be uncomfortable about identifying lesbians and gay men in their programs. Most rely in client disclosure, or by judging appearance.
- About half of the Level 3 programs provide sensitivity training to staff on gay and lesbian issues.
- Less than one third of Level 3 programs provide visual welcoming clues (such as brochures, posters, other written material) that specifically speak to lesbians and/or gay men.
- Less than a third of Level 3 programs have formal policies addressing homophobia among staff or clients.

4.6 KEY CONTACT DATA: AOD SERVICE NEEDS OF LESBIANS AND GAY MEN

As part of this needs assessment, interviews were held with 27 administrators, counselors, therapists, advocates and policy makers to learn their perspectives of the alcohol and drug service needs of lesbians and gay men in San Francisco. This section summarizes the interview findings.

4.6.1 Issues Relevant to Both Gay Men and Lesbians

Eight primary issues that relate to both lesbians and gay men were identified. They included:

Funding problems, including not enough funding, dealing with an over-complicated system of obtaining funds, and lack of stable funding sources. Providers had different opinions about where funds should come from. Some focused on the "macro" problem of lack of support at the federal level for health-related services. Others pointed to inadequate support at the local and state levels. A few felt that the gay and lesbian communities needed to accept some responsibility for supporting alcohol and drug programs that serve their members.

Treatment on demand. Long waiting lists were cited by a number of providers as serious problem impeding recovery of lesbians and gay men who are motivated to seek treatment. This observation was reinforced by the provider survey data which showed two thirds of all agencies to have waiting lists -- half of which were over two weeks.

Need for earlier intervention. Current services focus on the addict, with little attention paid to people in the early stages of developing alcohol and other drug problems. Providers urged more outreach efforts to reach people before they "hit bottom".

Lack of extended residential services, aftercare and alternative social settings. Several providers felt that available services were not enough to help many addicts learn needed living skills, including job training. In addition, alternative socialization places (instead of bars) are needed that cater to different age and ethnic groups. Clean and sober drop-in community centers serving gay men and lesbians are one such option. The survey data substantiated this view of service gaps.

Dearth of "positive role models". Nearly all providers mentioned this as barrier to dealing with alcohol and other drug problems among gays and lesbians. Even with the increasing emphasis on taking better care of one's health which is part of the gay community's response to the HIV epidemic, plus a parallel emergence of health consciousness among lesbians, many gay men and lesbians do not have personal contact with clean and sober people with whom they can relate. This may be truer among people of color, youth, and older gay men and lesbians.

Internalized homophobia. Self-hatred based on one's gay or lesbian identity is a factor in developing alcohol and other drug problems, as well as seeking services.

Homophobia in treatment programs. Mainstream programs not targeting gay men or lesbians can impede the recovery process by addressing neither overt nor covert homophobia among staff and other clients, and by a general lack of awareness of gay and lesbian issues. The provider survey data seem to substantiate this observation, finding a pervasive level of discomfort and lack of gay/lesbian-sensitive policies in Level 3 programs.

Lack of cooperation between professionals and 12 Step Programs. Several providers noted the mutual distrust among some treatment professionals and 12 Step adherents, which results in confusing messages to people in recovery, and less effective overall services.

In general, comments emphasized deficiencies in the current service system and called for changes to better help lesbians and gay men with drug and alcohol problems. In addition, interviewees identified a need for the lesbian and gay communities to take a stronger ownership of the problem by providing financial support for services, alternative socialization options, and more visible role models to provide evidence that a "gay social life" does not automatically imply alcohol and drug abuse.

4.6.2 Issues Specific to Lesbians

The lack of any residential treatment beds earmarked for lesbians was mentioned over and over by providers as a serious problem. Interviewees also felt that lesbians are significantly under represented in the general treatment population, suggesting either that they are simply not self-disclosing for fear of homophobic response, and/or are not seeking treatment due to a range of perceived and real barriers.

Some interviewees noted a trend among some younger lesbians to emulate the traditional gay male model of substance abuse and sexual activity with several partners, often in combination. Other factors which also relate to heterosexual women and their alcohol and drug use, such as the stigma associated with developing a substance abuse problem, are applicable to lesbians as well.

Current public spending for the gay community is driven to a great extent by HIV prevention goals; for heterosexual women, the emphasis is on preventing alcohol and other drug related birth defects. Lesbians lose out on both of these priorities (although lesbians do contract HIV and do get pregnant). As one interviewee said about government funding sources, *"They feel money given to AIDS covers their responsibility to the gay community. When you ask for any other money they say, 'We've already given.'"*

Several providers mentioned the need for programs to include lovers, children and extended families when treating lesbians for alcohol and drug abuse. The individual use survey showed that ten percent of women respondents were parents. In addition, half of the women respondents said they were currently in a primary relationship. Just as sexuality needs to be addressed in the recovery process, so does parenting, both the need for better parenting skills as well as the pressures and demands of the mother role. Likewise, interviewees felt that the role of lovers and primary relationships is pivotal in dealing with lesbian substance abuse, perhaps more so than with gay men. For example, it is known that heterosexual women are more likely to stay with their male partners who are addicts, but that men are more likely to leave their female partners. Providers believe that the "staying" factor may be at work in lesbian relationships, too. While not conclusive, data from the individual use survey suggest that while the percentage of lesbians and bisexual women who reported their relationships affected by AOD use to be similar to the gay and bisexual men's rate, the women reported ending relationships because of AOD use half as often as the men.

Overall, interviewees felt that lesbians with alcohol and drug problems tend to have more in common with heterosexual women than with gay men, but that the additional factors of homophobia (both internal and external) make it even more difficult to seek treatment. Until lesbians organize to articulate these needs and advocate for services, they will continue to be last in line when public resources are allocated.

4.6.3 Issues Specific to Gay Men

The HIV epidemic has brought gay men's alcohol and drug abuse to the fore, and has provided an opportunity to yoke substance abuse prevention with HIV prevention. However, the recent studies¹² indicate that prevention messages for both appear to be ineffective among younger men, where a growing HIV transmission rate is linked to polydrug abuse.

Interviewees felt that all parts of the service spectrum are insufficient, with particular gaps in residential, detox, and aftercare, emphasizing continued support for newly recovered men. These observations were borne out by the survey data. The need for continuing and vigorous outreach was cited often.

4.6.4 Lesbians and Gay Men of Color

Overwhelmingly, providers noted the serious under representation of lesbians and gay men of color among the treatment population. The provider survey data reflected this underrepresentation. The dual stigma borne by this group, as well as racism encountered in treatment programs and homophobia often experienced in a person's home community were cited as exacerbating the situation of the gay or lesbian person of color with a substance abuse problem.

Interviewees felt that multi-cultural staffs with a commitment to dealing with racism is a core requirement for any program that wishes to serve people of color effectively. Several noted that agencies have a tendency to treat all cultures as the same, staying blind to differences that can create barriers to effective relationships between client and staff. The existence of visible role models who are African American, Latino or Latina, Asian, Pacific Islander and Native American is a critical factor in communicating to clients of color that they are not alone.

¹²Hays, R.B., et al. "Understanding High Rates of Unsafe Sex Among Young Gay and Bisexual Men," a paper presented at the Seventh International AIDS Conference, Florence, Italy, June, 1991.

The needs of gay men and lesbians of color with alcohol and other drug problems are addressed in more depth in Section 6.

SECTION 5

COMPARISON OF NEEDS AND CURRENT SERVICES: IMPLICATIONS FOR CHANGE

This study began with a brief list of important questions:

- What are the alcohol and drug use patterns and problems among gay men and lesbians in San Francisco, and how do they compare to the general population?
- To what extent are AOD programs currently serving lesbians and gay men?
- What are the unmet AOD needs of lesbians and gay men?

This section integrates answers to these three questions -- answers which have emerged from the multiple data gathering activities of the study -- and identifies some implications for change.

5.1. OVERALL CONCLUSIONS ABOUT AOD USE

The belief that lesbians and gay men use alcohol and other drugs at higher risk levels than the general heterosexual population has been reinforced by this study. The most striking difference appears to be the combined use of alcohol and other drugs by gay men and lesbians as compared to their heterosexual counterparts.

According to risk criteria developed for this study, about 30 percent of gay and bisexual men use alcohol and drugs in ways that suggest clear chemical dependence and, for many, addiction. About 15 percent of lesbians use at this highest risk level, and 27 percent of bisexual women for a total of 18 percent of all women. Another 12 percent of all groups

reported alcohol and drug use that was "borderline problematic" -- indicating that at least some of this group are close to developing full blown substance abuse problems. These rates appear to be two to three times higher than the general population.

"I am presently waiting for acceptance into a residential program. It will take approximately 2 weeks. In the meantime, I must reside in a shelter. I attend 12 step meetings daily. In order to get help, I had to admit myself to SFGH with an infection from a suicide attempt. My comment – people need quicker services to funnel them into services. My experience has shown me that about 1/2 the people out there want help. They get really disappointed when someone tells them they have to wait a month. I know. It took me 6 months to push myself to where I did.¹

Bisexual women, who comprised a quarter of all female respondents to the survey, used alcohol and drugs at much higher risk levels than lesbians. There appeared to be little difference between gay and bisexual men in their use patterns.

If this sample of respondents is at all suggestive of the total gay and lesbian population, it points to clear need for services for both gay and bisexual men, and lesbians and bisexual women.

5.2 OVERALL CONCLUSIONS ABOUT EXISTING SERVICE SYSTEM

Alcohol and other drug services currently available to lesbians and gay men are a mixture of a handful of gay and lesbian-oriented programs and a larger number of mainstream programs that also serve lesbians and gay men. Among all of these programs, AOD services are provided by AOD-specific agencies, HIV-focused programs, and other organizations including health, mental health, domestic violence, and other social services.

¹This and subsequent quotes in boxes are drawn from the Individual Use Survey respondents' comments.

Many more programs serve gay men than lesbians, primarily because of the proliferation of HIV-related services that secondarily deal with AOD abuse. Lesbians have only one lesbian-focused non-residential AOD program, and no residential program. A few other agencies serving women target some AOD services to lesbians.

"I think it is extremely important to have gay/lesbian drug and alcohol programs and residential services. I feel lucky that a women's outpatient program with lesbian services was available to me. I have heard a lot of people talk about how homophobic and screwed up a lot of residential services are. Lesbian and gay services are greatly needed."

Most gay and lesbian oriented programs report a primarily white clientele. Some HIV programs report higher percentages of people of color among their client population, as did a domestic violence program for women.

Mainstream programs, by and large, appear to be uncomfortable dealing with gay and lesbian issues openly in their programs. Some are clearly hostile to the idea, while others deal with the issues only if a client self-identifies as gay or lesbian. About half provide staff training on homophobia and related topics, while less than a third have formal policies dealing with homophobia within the agency. Less than a third have developed visual materials (brochures, posters) to communicate welcome to lesbians and gay men.

Among programs targeting lesbians and gay men, few offer codependency or parent and child-related services. Most programs have sliding fee scales, while a third accept MediCal and health insurance. Waiting lists exist at a third of all programs. Little non-HIV related outreach and prevention work appears to exist to reach gay men and lesbians in earlier stages of chemical dependency.

5.3. IMPLICATIONS FROM FINDINGS

Data from this needs assessment suggest a number of directions for better AOD services to gay men and lesbians in San Francisco. This section integrates data on services and needs, and describes implications for improved services.

- **Finding:** High Level of AOD Use. The individual use survey data reinforce previous studies' findings of a high level of alcohol and drug use among gay men and lesbians than among the general population.

Implication for Service: Gay men and lesbians are in need of services at all points along the service continuum in proportions greater than the general population.

- **Finding:** Unless a program specifically targets lesbians and gay men, most programs cannot estimate how many gay men and lesbians they serve. Lesbians and gay men remain "invisible" in mainstream programs, and programs are not motivated to provide appropriate services.

Implication: Programs should be required to keep statistics on the sexual orientation of their clients. They should be provided with training and technical assistance in developing sensitive methods of identifying clients' sexual orientation, as well as providing appropriate services to gay and bisexual men, and lesbians and bisexual women.

"Currently I am in a residential drug program. I have been clean and sober for 20 months, with the program for 18 months. I needed help; couldn't do it by myself. I was dying out there on the streets. I had done just about all the terrible things that one person can do."

- **Finding:** Forty percent of gay and bisexual men and 30 percent of lesbians and bisexual women said they were polydrug users; that is, few only use alcohol (or any single drug).

Implication: Prevention and treatment programs must use an integrated approach in dealing with AOD use, and avoid the "alcohol or drug" dichotomy.

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- **Finding:** What makes gay men's AOD use high risk is heavy drinking and the use of amyl nitrate and amphetamines. This combination is linked with unsafe sex practices, and thus highlights the continued risk of AOD-related HIV transmission. In addition, one-third of gay and bisexual men in the highest risk use category reported having unsafe sex in the past year while drunk or high. A total of 17 percent of all men reported doing so.

Implication: Continued and expanded linkage of HIV and AOD prevention efforts is essential.

- **Finding:** Gay men were twice as likely as lesbians to have left a relationship due to a lover's AOD use, or to have lost a relationship to do their own AOD use. Twice as many lesbians as gay men said that they were currently in a primary relationship with a lover.

Implication: Lesbians appear to be more relationship oriented, and may stay in a relationship in which there is AOD abuse more often than men do (similar to heterosexual women.) Treatment programs for lesbians need to include significant others and address issues relating to codependency.

"I am someone who had severe drug problems from age 16-18, was completely sober for 11 years, and now have a glass of wine 1-2 times/month and smoke pot 1-2 times a month. My new recreational use of alcohol and pot (never in combination) feels okay to me, but I am very cognizant of when and why I choose to get high. I know I would not be doing as much if not for my new lover, which I admit is disturbing, but at this point I am not overly concerned."

- **Finding:** Eleven percent of female respondents were parents, and 8 percent lived with children.

Implication: Parenting issues, child care, and services to children of alcoholics are needed by these lesbians.

- **Finding:** One-half of all women and one-third of all men said they were sexually abused as children. These figures are higher than the estimated one-third of women and one-fifth of men in the general population.

Implication: Providers need to be aware that working through past childhood abuse will be an important part of recovery for both gay men and lesbians. This is just on more aspect that makes dealing openly and sensitively with sexuality and sexual orientation so critical for recovering lesbians and gay men.

- **Finding:** People of color are under-represented in the client populations of gay and lesbian AOD programs.

Implication: Programs should evaluate their program designs, policies and staffing to determine ways to better attract and serve people of color.

- **Finding:** One in ten men and one in sixteen women have experienced violence while drunk or high. Bisexual women were seven times as likely as lesbians and twice as likely as gay and bisexual men to have been sexually assaulted while drunk or high.

Implication: Dealing with relationship violence, anger control, and other aspects of violence and victimization should be a central part of AOD treatment approaches.

- **Finding:** About one quarter of men and women attend 12-Step meetings for AOD problems. About one in six women and one in seven men are currently seeing professional counselors for AOD problems. Twice as many men as women have received services from an inpatient or outpatient facility.

"I am clean and sober 6 years through the 12 steps of AA. I am particularly grateful to Gay and Lesbian AA for my recovery!"

Implication: The disparity between the numbers of women and men receiving services from inpatient and outpatient programs is not present in the numbers receiving help from 12-Step programs or professional counselors. This suggests a lack of services or barriers to services for women rather than low demand.

- **Finding:** Almost half of all survey respondents reported annual incomes of under \$20,000 per year. Lack of funds and insurance, and waiting lists are the most frequently mentioned barriers to services for gay men and lesbians.

Implications: More low- or no-cost treatment options are needed.

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- **Finding:** Very little AOD prevention work is being done that is not related to HIV prevention. Most prevention efforts targeting women focus on prenatal effects of AOD use. Lesbians are therefore not being targeted for any significant prevention efforts.

Implications: Prevention programs addressing lesbians' specific AOD issues are needed.

5.4. SERVICE IMPLICATIONS OF THE FIVE RISK CATEGORIES

The risk category approach to describing lesbian, gay and bisexual AOD use takes into account the high prevalence of polydrug use among these groups. It also provides a basis for a model of a continuum of services needed by this population.

About two-thirds of Category 1, Abstainers, include people in recovery. A full quarter of the total sample identified as being in recovery. Almost half of these have been in recovery less than one year. These people are at high risk for continued substance abuse, and illustrate the need for aftercare and continued support services to people trying to deal with serious addiction problems.

"I've been clean and sober for 3+ years. I am fortunate enough to have gone to the Iris Project here in the city. They have a Lesbian Substance Abuse Program, but it is in need of funds. Good luck with this survey! My drinking and drugging went hand in hand with my coming out."

Category 5 (a third of men and 18 percent of women) includes the highest risk active users, many of whom appear to be in relapse from previous attempts at recovery. These people need to be the target of intensive AOD services including residential, detox, non-residential treatment and aftercare. In addition, outreach efforts are needed to bring lesbian, gay and bisexual high risk users into treatment programs. HIV-related outreach is effective with men and important for some women, notably bisexuals. Lesbians need other outreach approaches tailored to their needs.

Category 4 includes another 12 percent of men and women, many of whom recognize that their AOD use has become problematic. Early intervention efforts are appropriate for this group, including support groups and counseling, as well as targeted prevention efforts.

Category 3 includes moderate users (a quarter of this sample) who could benefit from expanded prevention efforts.

The mainstream service system will continue to be the source of help for many lesbians, gay men and bisexual men and women. There is still an urgent need for these agencies to examine their attitudes and practices in dealing with these groups. Particularly important is the need to look at how gay men, lesbians, and bisexuals are identified; the need to keep accurate statistics about clients' sexual orientation; how welcoming and supportive the program feels to gay men, lesbians and bisexuals; and the extent of organizational policies which deals effectively with homophobia. This is particularly important for the gay man, lesbian or bisexual who has not self-identified, or who is extremely fearful of identifying his/her sexual orientation to others.

For lesbians, gay men and bisexuals who seek services specifically targeting people like them, it is essential that a sufficient spectrum of targeted services are available. Lesbians in particular are being short changed in the current system.

Finally, this study surfaced a substantial number of bisexual women who differ considerably from lesbians in their AOD use. With overall higher risk AOD use patterns, and a higher incidence of AOD related problems (including unsafe sex practices), the significance of bisexuality as a factor in women's AOD use needs to be studied more. In addition, since bisexual men comprised a much smaller subset of this sample, further investigation is needed into their AOD use and problems.

5.5. IMPLICATIONS FOR THE LESBIAN AND GAY COMMUNITY

The gay and lesbian communities will need to continue to struggle with a historical tradition of heavy AOD use as the norm for gay or lesbian social behavior. More visible

sober role models, particularly for people of color, youth and older people are needed. Currently the clean and sober movement is overwhelmingly white and middle class. People of color need opportunities and resources to evolve culturally appropriate recovery models that draw on the strengths and addresses the needs of each culture.

Lesbians and gay men need to increase their level of philanthropy toward AOD programs. In an era when the community has shouldered a heavy volunteer and financial burden meeting the HIV crisis, other needs still exist and have taken a secondary place. Lesbians particularly have not received their share of community largesse.

Finally, the recovery movement needs to be mindful of alienating people who do not have AOD problems but who continue to use moderately. Healing will be promoted through acceptance and finding commonalities, not through blaming and divisiveness.

As with the HIV epidemic, lesbians and gay men have been working together to deal with a health problem that seriously affects both populations. Joint advocacy should continue so that the level of resources available to address AOD problems begins to meet the true need.

"I was a 'lucky one'. I stopped drinking before I died -- but only after two unsuccessful suicide attempts. AA helped in the very first few months -- and a loving therapist and caring family and friends. My life has turned around in the past three years. I now know it is worth living."

SECTION 6

ALCOHOL AND OTHER DRUG PROBLEMS OF LESBIAN, GAY, AND BISEXUAL PEOPLE OF COLOR, AND YOUTH

This section addresses the AOD problems of gay, lesbian, and bisexual people of color and youth. Data for this section are based primarily on informed personal opinions of service providers, policy makers, and people of color with AOD problems (past or present). This section reflects the exploratory, anecdotal, and personal flavor of the data sources. Generalizations presented are a synthesis of the viewpoints of those interviewed for this section.

6.1 AOD PROBLEMS AMONG LESBIAN, GAY AND BISEXUAL PEOPLE OF COLOR

Research on lesbian and gay substance abuse has not included many people of color for two primary reasons. First, researchers have looked for subjects among people who are openly gay, and/or who participate in the gay and lesbian communities. Use of the gay press to distribute questionnaires, for example, will reach a primarily white readership. Most lesbian and gay organizations, unless formed specifically for people of color, by people of color, have overwhelmingly white memberships. The lesbian and gay recovery movement is largely a white phenomenon. In fact, the political gay and lesbian movement which has raised the profile of lesbians and gay men throughout this country has been dominated by white, middle class people.

Reasons for the "whiteness" of the lesbian and gay movement are complex. White lesbians and gay men are no more immune to the racist underpinnings of the culture than are heterosexuals. Lesbian and gay people of color seeking a place in the overall lesbian and gay community are confronted with racism, and as a result often withdraw from

involvement. If Stonewall marked the beginning of the modern lesbian and gay liberation movement in the late 1960's, nearly two decades passed before the issue of racism within the lesbian and gay community was seriously addressed.

Secondly, lesbian and gay people of color struggle with pressures from their home communities and the lesbian and gay community to choose between these two identities. Communities of color have had different ways historically of dealing with and accommodating gay and lesbian people among their midst. Sometimes there is a "place" for gay men and lesbians, but only if one does not openly acknowledge one's sexual orientation. In other communities, the pressure to conform to heterosexual expectations makes no room for a gay or lesbian life. Lesbians and gay men of color must deal with the agonizing perception among some of their people that homosexuality contributes to cultural genocide.

Finally, the role of bisexual behavior is perceived differently within some cultures. For men, particularly, having sex with other men does not necessarily indicate a homosexual orientation, but rather is an exercise of sexual freedom that is part of the male role.

These issues have made it difficult to research the alcohol and other drug problems among gay men and lesbians of color. This study hoped to make some contribution to the knowledge base of these groups, but experienced all of the methodological problems that have been cited earlier.

Perhaps most importantly, the researchers found that in order to do justice to any attempt to learn more about lesbian and gay people of color, that individual studies completely devoted to a single culture must be implemented. Studies need to devote considerable resources to gaining the confidence of gay men and lesbians of color, developing methodologies that are sensitive to cultural differences, and work in partnership with leaders of each community to ensure that data which is gathered will be returned to the community to be used for its empowerment.

6.1.1. Methods Used in This Study

To gather data about the AOD needs of lesbians and gay men of color, this study used the following methods:

- Project staff identified key people and organizations who would introduce them to lesbians and gay men of color willing to be interviewed. This method worked best with the male researcher who was African American, and who was able to conduct interviews with 19 African American and one Native American bisexual man. The lesbian field worker, also African American, was unable to conduct her interviews because of illness. A white lesbian field worker took over her responsibilities, as was able to complete interviews with 6 lesbians of color, including African American, Latina, Asian and Pacific Islander women.
- Project staff interviewed 27 service providers and policy makers who worked with gay and lesbians of color to obtain their perspective on important service needs.
- Some lesbians and gay men of color completed the Individual Substance Abuse Survey. A separate analysis of their data is presented in this section simply to describe who these respondents were, and not to suggest generalization or comparability to any larger group.

The following sections present data on gay, lesbian and bisexual people of color gathered through these methods.

6.1.2. African Americans

Interviews with African American gay and bisexual men and women and service providers surfaced several themes regarding AOD needs among this population.

Lack Of Support and Visible Role Models

The support network among recovering African American gay men and lesbians is very small. One service provider said that "the number of people of color in recovery is dismal," and as a result there is a lack of visible role models of recovering African American gay men and lesbians.

John,¹ is a 28 year old African American gay man from a large family with a significant amount of substance abuse. Abused physically by his alcoholic father, John married an older woman who also was an addict, because *"it felt good to be any place where I wasn't getting beaten."* John retreated into isolation when his wife died of an overdose. *"I was just too lonely. I didn't know about sober people, especially gay sober people, so I just hung out, got high, felt weird most of the time."*

John has known he is attracted to men for years, but rarely acted on his feelings. He has tried to tell his family, but they believe he just hasn't met the right woman.

Worried about his escalating crack habit, John found his way to a drug treatment program, but didn't go. Finally, he confided to a gay nurse that he was gay, and was referred to Acceptance Place. At the time of the interview John was on a waiting list for this gay residential treatment program. He feels hopeful for the first time because he can deal with his drug problem and not worry about hiding his sexuality.

Institutionalized Racism

Mentioned by nearly all African American service providers interviewed, institutionalized racism takes many forms that create barriers to service for gay and lesbian people of color.

Institutionalized racism is used here to mean any organizational or system wide structures, policies, and practices that act to exclude people of color, to ignore their specific needs, and/or to minimize or negatively judge cultural differences. The lack of people of color in administrative positions within AOD programs is one manifestation of this problem. As a Latina provider said, *"Programs want to hire people of color as outreach workers so we can help them make their quotas. But when it comes to higher positions in the agency, we aren't there."*

The lack of multi-cultural staff who are committed to creating programs that recognize cultural differences is another way that institutionalized racism is apparent.

¹All names used in this report are fictional, but the quotes are the actual words of people interviewed for this report.

Reconciling Black and Gay/Lesbian Identities

As one service provider put it, *"Black men are often pitted against each other regarding the question of whether they are Black Gay Men or Gay Black Men."* As another said, *"Straight Black women are angry when they find out I am gay. They say most Black men of the marrying age are either in prison, out of work, on drugs, or gay."* Black lesbians sometimes face criticism that by loving women they are abandoning Black men. The pressure to identify more strongly as either Black or gay/lesbian is an difficult and impossible position to reconcile.

The role of the church and religious belief is central to the African American experience, and a source of support and strength. Many of the Black men interviewed cited strong religious upbringings, which eventually came into conflict with their growing awareness of their sexuality. This lack of reconciliation between religious roots, family and sexual orientation is most acute for the African American whose alienation from his or her community often means being marginalized in two worlds.

Yet most of the men interviewed still maintained some contact with their families, usually their mothers. Three of the men still lived with their mothers. As one man explained, *"Black mothers don't disown their children. They might pray for you, tell you its a sin, but they don't tell you never to come home again."*

While some African American mothers may disown their gay and lesbian children, the point made by this man reflects the importance of family to the African American community.

Economics

African Americans as a group are poorer than the white population, and gay and lesbian African Americans share this economic disadvantage. They may be more likely to come from neighborhoods where illegal drug use is more prevalent, and where economic survival is a daily struggle. The combination of a lack of education and job skills with an alcohol and/or other drug habit can push a person into committing crimes for survival.

Thomas has an extensive history of arrest for breaking and entering as well as for possession. He grew up in the housing projects of Chicago, and it was very rough. His family consisted of both parents, siblings and a large extended family. He repressed his sexual feelings by becoming a body builder and continues this today.

He started doing crack when he came out, and depleted his bank account and sold his car. He switched from crack to speed because of the cost. Because of his size he has been involved in intimidation crimes. It's been two years since he's been arrested. He lives in a G.A. hotel, and feels he is doing fine. *"No reason to quite drugs entirely. Things are under control."*

For African American lesbians, economic pressures often come from being single mothers. According to several providers interviewed, Black lesbians are more likely to be mothers than are white lesbians. Their ability to seek help for AOD problems is complicated by worry about what will happen to their children if they do seek treatment. In addition, children keep them tied more closely to their families and to the Black community; the pressure to stay invisible as lesbians is great.

All providers emphasized the need for effective treatment programs to address issues such as the need for vocational skills training, child care, and on-going support over an extended period of time. As one provider said, *"The 30 day recovery model just doesn't do it."*

Data from the Individual Substance Abuse Survey

Thirty African American men and 15 women returned the survey. As a group, African American respondents reported earning an average of \$14,000 annually (slightly higher for female respondents), which was much lower than the total sample. About half of both men and women reported some kind of income assistance. A higher rate of African American men reported not having a high school degree than the total sample. About half of both men and women said they were employed, compared to three quarters of the total sample. The average age was about the same as the total sample (33 for men and 31 for women.) About one fifth of the men and a quarter of the women said that they were parents, higher than the total sample.

About half of the women and a third of the men reported AOD use that placed them in the highest risk category. For women, alcohol, marijuana and cocaine were the most frequently used drugs. Four of the fifteen women reported using a needle to inject street drugs within the past year. For men, alcohol, marijuana, crack and cocaine were the most frequently used drugs. Only two men reported having used a needle in the past year. Four of the women and five of the men said they were abstainers.

Summary

The needs of African American lesbians and gay men are made more acute by the fact of their marginalization in both the Black and gay/lesbian worlds:

June is a 24 year old woman of Native American and African American ancestry. She has AIDS, and lives on the streets or in shelters. She uses cocaine and alcohol mostly, but has been addicted to heroin in the past. She has tried to kick both drugs and alcohol, but *"then someone offers me swig or an issue and I'm running again."*

June had this to say when asked about whether she had ever sought services from a program for Black or Native Americans: *"I'm a dyke. That don't jive with my people. They all got enough problems."*

This marginalization is painful not only to Black lesbians and gay men, but to others in the African American community who believe that acceptance is the basis of unity and healing. In the words of one African American female service provider:

"Anything that brings separation in the community is destruction. We cannot afford to break us apart anymore and still allow us to salvage the race... We have always accepted our own...It is a matter of taking care of 'blood'."

6.1.3. Latinos/Latinas

Latino gay men and Latina lesbian women share many of the same issues with African American lesbians and gay men, including a disproportionately higher number of people in poverty, the central role of family and the church, and the struggle to integrate one's Latino/Latina identity with being gay or lesbian.

Other issues more specific to the Latina/Latino community were articulated by service providers for this project. This section will first discuss issues relevant to Latinas, and then present a data on Latino gay and bisexual men.

Issues Facing Latina Lesbians

According to providers knowledgeable about Latina lesbians, the Latina lesbian with an alcohol or other drug problem contradicts two prevailing beliefs within her culture. First, within the Latino community, women are not expected to have AOD problems, and if they do, it is not permissible to talk about it. And second, lesbianism is seen as part of the Anglo culture. Thus, the Latina lesbian struggling to recover from AOD abuse faces a double estrangement from her community.

In addition, the cultural proscriptions against female AOD abuse and lesbianism result in the invisibility of Latina lesbians with AOD problems. When a Latina lesbian wants to stop using, there are few, if any, role models to guide her.

Latino Gay and Bisexual Men: Some Program Data

Miguel Aguilar-Zapata, a staff member at 18th Street Services (an AOD non-residential program for gay and bisexual men in San Francisco) reviewed data from Latino clients served at the program over a 20 month period during 1990-1991. The purpose of the study was to determine demographic profile and AOD use pattern information about this client population. This section will summarize this data, and provide some general background information about gay sexuality, bisexuality, AOD use and the Latino male.

Background

In many Latin American cultures, bisexual behavior is considered to be an acceptable expression of male sexual freedom. As long as he is in the "top" role, a man may have sex with another man and still consider himself heterosexual. The true homosexual is the "bottom", a cultural role that assumes effeminacy and a non-"macho" status. Married men, including those who are away from their families for long periods of time because of work, may engage in this kind of bisexual behavior which, unlike the Anglo culture, does not challenge a fundamental identification as heterosexual.

Undoubtedly many Latino men who engage in bisexual behavior are bisexual. Others may have a predominantly gay orientation, but find a bisexual or heterosexual identity more congruent with cultural norms. For example, a man may have a wife and children back home in Mexico, live most of the year working in the United States, and relate sexually to men most of the time while in the U.S.

Alcohol and other drugs can play a role in acting out bisexually. If one is drunk, it is possible to have sex with another man and not remember the next day. Men may go to a bar with their wives, get drunk, and make sexual advances to another man while his wife looks the other way. Explains Aguilar-Zapata, *"Bisexual behavior is tied to how many drinks you have."*²

The danger of HIV transmission under these circumstances is high, given the role of AOD use and the fact that bisexual behavior is not discussed with wives or other female sex partners. Using condoms is not part of Latin culture for several reasons, including religious ones. Thus, dealing with AOD and HIV issues concurrently with bisexual and gay Latino men is critical.

²Heterosexually identified men in other cultures also use alcohol and other drugs as a disinhibitor to engage in homosexual activity.

Program Data

The 18th Street Services Latino client study revealed that among 63 Latino clients, over a third were Mexican American, a quarter Mexican-born, and the rest from other Latin American countries, with Nicaragua being the next largest country represented with 13 percent of the clients. Alcohol was the first drug of choice for nearly half of the clients, with prescription polydrug use the most preferred drug by a quarter of the clients. Speed was the third most popular drug, followed by marijuana and cocaine.

Seventy-nine percent of these men were HIV positive, substantially higher than the rate of HIV infections among all the agency's clients, and higher than the estimated 50 percent of all gay and bisexual men living in San Francisco. *"They come here because of the HIV issue, not because of AOD use. They hear about our groups for Latino men from Clinica La Esperanza, and from the Spanish language press, as well as other clients,"* explains Aguilar-Zapata.

The large majority (87 percent) of the men identified as gay, while only two to three percent said they were bisexual, and six to ten percent identified as heterosexual. The concept of "bisexual" as a way to describe one's sexual orientation has little meaning for these men; bisexual behavior is perceived as a variation of heterosexuality.

About one-quarter of the Latino clients spoke English only; 40 percent were bilingual and a third primarily Spanish-speaking. About one-sixth were homeless. At least three-quarters had a high school education or more. With this fairly high education level, *"We are not reaching the majority of the population who have less education,"* Aguilar-Zapata says.

About 62 percent of the clients had histories of sexual abuse as children, compared to the one-third of the men from this needs assessment survey sample who reported being sexually abused as children.

Service Implications

According to Aguilar-Zapata, dealing with AOD abuse among Latino gay and bisexual men requires a somewhat different approach than working with Anglo men. Some of these differences are:

- The labels of "gay", "bisexual" and "heterosexual" need to be used only if they make sense to the client. Serving any Latino man who is concerned about HIV transmission and/or AOD abuse is a more effective starting place, then dealing with specific kinds of sexual behavior without ascribing sexual orientation meaning to it.
- Latino men often lack basic knowledge about AOD abuse, and the effects of AOD use. Much time may need to be spent in basic education about these facts.
- A longer period of time -- possibly several sessions -- may be needed to accomplish an intake, since Latino men may be less inclined to share information about their personal lives. Building "confianza" between counselor and client is a slow but essential process to creating an effective therapeutic relationship.
- Some concepts within the substance abuse field -- notably that of co-dependency -- may be perceived by the client to conflict with basic cultural norms of Latino culture. "Dedication", taking care of one's own, and responsibility to family and community are central and cherished values that may be misunderstood by a non-Latino counselor as "co-dependency." The challenge is to help clients understand how taking care of oneself can make it possible to better carry out one's responsibility to others.
- In planning outreach to Latino men, it is important to go where the people are -- in the fields, on the street, in the bars. Outreach workers must be sensitive to a reluctance to speak frankly about sexual matters, and should be prepared to use indirect means to broach the subject including visual images gleaned from popular culture. Most importantly, effective outreach is a process of relationship building, and will not happen immediately.

Survey Data

Twenty-two Latino males and 18 Latina females responded to this survey. Three men and one woman identified as bisexuals. The average age was similar to the total sample, as was average income (\$24,464 for men, \$21,681 for women). About two-thirds of the men and women said they were employed. Four of the women said they sold drugs for income, while one said she had engaged in sex work. Of the men, none reported selling drugs, and two said they engaged in sex work. Only two women and six men said that they received income assistance. Three of the women and four of the men were HIV positive.

Only two each of the men and women had not completed high school. Half of the men were college graduates, while a little less than a quarter of the women were. Three of the women, and none of the men, said they were parents.

One third of the Latinas responding to the survey were abstainers; another third reported AOD use patterns in the highest risk category. Among Latino men, 14 percent said they were abstainers, and a little over one third fell into the highest risk category. The most frequently used drugs by men were alcohol, marijuana, amyl nitrate, amphetamines and tranquilizers. For women, the most frequently used drugs were alcohol and marijuana, with some cocaine and tranquilizer use. No men reported using needles to inject street drugs during the past year; one woman reported doing so.

6.1.4. Asian Americans

No providers knowledgeable about Asian American gay or bisexual men were interviewed. One interview was held with a provider knowledgeable about Asian American lesbians and bisexual women.

As with the African American and Latina cultures, Asian American culture places the family at the center, and one's actions must be measured against how they will reflect on the family. *"You don't tell anyone you are a lesbian,"* explains this service provider. *"Being a lesbian is gross, disgusting. 'What's wrong with you? Why aren't you having children?' is*

what you hear." She goes on to say that *"there is no such thing as a closeted person in Chinatown. Everyone knows your dirty secret."*

The bars appear to be the only place for Asian American lesbians to meet. Once an AOD problem develops, there is pressure to keep it secret from one's family. *"It becomes very difficult to seek a treatment coming from this background,"* the service provider explained. *"Self help groups in the community don't provide anonymity, because everyone knows one another. And admitting you have a problem brings shame on your family."*

Finally, the cultural stereotype that Asians "don't drink", particularly Asian women, has acted as a barrier to identifying needs and developing sufficient services. *"Younger lesbians particularly are using many different drugs. There is not enough outreach to these women that speaks to them in a way that they can relate to."* Asian women who are AOD abusers, she feels, are invisible even within the lesbian community.

Survey Data

Seventeen male Asian and Pacific Islander men and 18 women returned the survey. All of the men identified as gay; of the women, 13 identified as lesbian and six as bisexual. Average income for the 15 Asian women was \$32,067, and for the three Pacific Islander women \$19,000 (average age was about the same for both.) For men, average income was \$26,367 for Asians (15) and \$31,000 for Pacific Islanders (2). The average age of both groups was similar to the total sample. One of the women, and none of the men, were homeless. Five of the men and none of the women were HIV positive.

Education level for men was high: three quarters had college degrees. Women were similarly well-educated. One woman and no men reported receiving income assistance. Only one woman and one man said they were parents.

Less than one-third of the Asian and Pacific Islander men reported AOD use at the highest risk levels. Only two reported being abstainers. Their drug of choice was overwhelmingly alcohol and some marijuana, with little use of other drugs.

A little over one-third of all women fell into the highest risk category, and only two reported being abstainers. Alcohol and marijuana were the drugs of choice.

6.1.5 Native Americans

One Native American service provider was interviewed about the needs of Native American lesbians with AOD problems. AOD abuse by Native American women is looked upon as more shameful than that of men; when the woman is a lesbian the stigma is twice as great. Being marginalized from an already small and fragmented community wracked by AOD abuse is an extraordinarily painful status for lesbian and gay Native Americans.

The need for long-term treatment programs, and for separate programs for lesbians and gay men, is evident. This service provider believes that acceptance of gay men and lesbians is greater among younger Native Americans. *"There is always the question of acceptance, both within a treatment community and your own family. If the group does not support you it is hard to recover."*

Survey Data

Twelve Native American men and nine women returned the individual substance abuse survey. Among the men, two identified as bisexual and the rest as gay. Among the women, four identified as lesbian, one as bisexual, and four as heterosexual. The average age for women was 25, and for men, 29.

Average income for women was a low \$14,333. Six of the women said they were employed, and three said they received income assistance. Average income for men was \$18,296. Eight of the men were employed, and three received income assistance. One man was homeless. Two of the men and two women said they were parents. Five of the men and none of the women were HIV positive.

A quarter (3) of the men and one woman reported AOD use patterns that placed them into the highest risk category. For men and women both, the most frequently used drugs were alcohol and marijuana. None of the men and women reported using a needle to inject street drugs during the past year.

6.2 YOUTH

Gay and lesbian youth under 21 are a heterogenous group of young people, include runaways and "street kids", youth in high school and college, living at home with their families, in foster and groups homes. The higher rate of suicide among gay and lesbian teenagers when compared to their heterosexual counterparts is but one indication of the high risk status of these young people. AOD use is part of the lifestyle of the street and of the school, and its role in the life of a gay and lesbian youth is important to investigate.

Three service providers working with gay and lesbian youth were interviewed to determine their perspectives of the needs of this population. These providers work primarily with youth on the streets or in the juvenile justice system, whose use of AOD is a life threatening problem in an already life threatening existence.

Runaway street youth, both male and female, often support themselves by prostitution. For many, if not most boys, having sex with men for money does not translate into a gay identity. Some have girl friends with whom they are sexual. Nearly all street youth become involved with AOD abuse, with alcohol, speed, cocaine and crack the drugs of choice.

Another option for both young men and women is to have a "sugar daddy" support him or her. This may get the young person off the streets, but it almost always involves heavy drug and alcohol involvement, often involuntary, and often leading to abuse by the "sugar daddy."

Lesbian youth also may support themselves with prostitution, and have sexual relationships with other women. *"There seems to be few 'out' lesbians on the street. In jail*

there are dyke relationships, but once a young lesbian is out she may get into a 'sugar daddy' relationship." The issue of economic dependence on men as a factor that complicates sexual identity is central for young street women who are lesbians, as well as a lack of any healthy lesbian relationship role models.

Three key service needs were mentioned by all providers. First is the lack of long term treatment options. Second is the problem of homophobia among foster home parents and group home staff, as well as other youth services providers. And third is the overriding issue of how difficult it is to serve the street youth population, attract them to treatment and keep them there. *"This is a complex problem," explained one provider. "You can't isolate AOD abuse from other issues. They have to have food and shelter. These are lost puppies who don't have a clue as to their needs."*

6.3 CONCLUSION

Lesbian, gay and bisexual people of color experience a complex set of factors in coping with the pressures of homophobia, racism and AOD problems. Each ethnicity merits specialized and focused study to learn more about the needs of these groups. Likewise, much more needs to be learned about gay, lesbian and bisexual youth, many of whom appear to be extremely high risk for serious health and mental health, and AOD related problems.

APPENDIX A

SAN FRANCISCO LESBIAN, GAY, AND BISEXUAL
ALCOHOL AND OTHER DRUG USE

ANONYMOUS SURVEY

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SAN FRANCISCO LESBIAN, GAY, AND BISEXUAL ALCOHOL AND OTHER DRUG USE

ANONYMOUS SURVEY

TO ALL LESBIANS, GAY MEN, AND BISEXUAL MEN AND WOMEN LIVING IN SAN FRANCISCO:

The Lesbian and Gay Substance Abuse Planning Group, with the support of City and County of San Francisco Community Substance Abuse Services, is conducting an assessment of alcohol and other drug abuse needs and services among lesbian women, gay men, and bisexual men and women in the City of San Francisco.

As a first step in this needs assessment process, lesbian women, gay men, and bisexual men and women who live in San Francisco are being asked to describe their personal experiences with alcohol and other drugs. This survey is completely anonymous.

Please take a few minutes to complete and return the survey. Your input is very important. If you have any questions regarding this survey or the Lesbian and Gay Alcohol and Other Drug Abuse Needs Assessment, please contact:

Frank Davis, Executive Director
18th Street Services
247 Church St.
San Francisco, CA 94114
(415) 861-4898

Jill Kelly
EMT Associates, Inc.
3090 Fite Circle, Suite 201
Sacramento, CA 95827
(916) 363-9415

Susan Foster
Peter Claver Community
1340 Golden Gate Ave.
San Francisco, CA 94115
(415) 563-9228

THIS SURVEY TAKES ABOUT FIFTEEN MINUTES TO COMPLETE.

Please answer the following questions about yourself. If you would prefer not to answer a question, please leave it blank and skip to the next question.

YOUR GENDER (please circle one): Male Female

YOUR AGE: _____

YOUR ETHNICITY:

Asian Black Hispanic Native American Pacific Islander White Other

YOUR SEXUAL ORIENTATION (please circle one):

Lesbian Gay Bi-sexual Heterosexual

ARE YOU TRANSSEXUAL? Yes / No

YOUR HIV SEROSTATUS (please circle one):

Negative Positive Unknown Decline to answer

YOUR TOTAL PERSONAL INCOME FOR 1990 (before taxes): \$ _____

PLEASE NAME TWO STREETS THAT CROSS EACH OTHER NEAR WHERE YOU LIVE:

_____ and _____

ARE YOU A HOMELESS PERSON? Yes / No

ARE YOU IN JAIL? Yes / No

Are you currently in recovery from alcohol or other drug abuse? Yes / No					
If you are in recovery: How long has it been since you last used alcohol or drugs? _____					
How often do you attend a 12-Step (or similar) self-help recovery group (please circle one of the following):					
Never	Several times a year	Several times a month	Once a week	Several times a week	Every day

For each of the drugs listed below, please mark an "x" in the column that best describes how many times you have used that drug.

TYPE OF DRUG	FREQUENCY OF USE						DO YOU INJECT THIS DRUG? (Yes / No)
	NONE IN THE PAST YEAR	SEVERAL TIMES IN THE PAST YEAR	SEVERAL TIMES IN THE PAST MONTH	SEVERAL TIMES IN THE PAST WEEK	EVERY DAY IN THE PAST WEEK	SEVERAL TIMES A DAY IN THE PAST WEEK	
Marijuana or hashish							Y / N
Amyl nitrate (poppers) or other inhalants							Y / N
Alcohol							Y / N
Heroin or other opiates (morphine, etc.)							Y / N
Barbiturates (barbs, downers)							Y / N
Tranquilizers or sedatives (valium, etc.)							Y / N
Amphetamines (speed, crystal)							Y / N
Cocaine							Y / N
Crack							Y / N
LSD, PCP, other hallucinogens							Y / N
Pain killers							Y / N
Diet pills, diuretics, laxatives							Y / N
Other: _____							Y / N

Please circle the section of each of the following boxes that best describes your experience.

When you drink alcohol, how many drinks do you usually have (one drink equals one can of beer, or one glass of beer, or one glass of wine, or one mixed drink):								
I don't drink	1	2	3	4	5	6	7	8 or more

How often do you get drunk?					
Never	Several times a year	Several times a month	Once a week	Several times a week	Every day

Compared to last year, are you drinking more alcohol, the same amount of alcohol, or less alcohol this year?			
More than last year	Same as last year	Less than last year	I don't drink alcohol

Compared to last year, are you using more drugs, the same amount of drugs, or less drugs this year?			
More than last year	Same as last year	Less than last year	I don't use drugs

Have you used a needle to inject street (non-prescription) drugs within the past:				
month	year	five years	ever in your life	I have never injected drugs

Do you smoke:				
I have never smoked	I no longer smoke	Less than one pack of cigarettes per day	About one pack of cigarettes per day	More than one pack of cigarettes per day

When you have sex, do you have sex with:					
men only	women only	men primarily	women primarily	men and women equally	I don't have sex with anyone

Please place a mark in the space [] next to ALL of the following responses that describe your use of alcohol.

When you drink alcohol, do you drink in any of the following places:

- ☐ I do not drink (you may skip to the next box of questions)
- ☐ At a bar
- ☐ At a restaurant
- ☐ At someone else's home
- ☐ At work
- ☐ At your home
- ☐ In a car
- ☐ In another public place (park, theater, on the street, etc.)

When you drink alcohol, do you drink:

- ☐ I do not drink alcohol (you may skip to the next box of questions)
- ☐ Because your lover drinks
- ☐ Because you feel different from other people
- ☐ To avoid thinking about problems
- ☐ To be less shy
- ☐ To be more brave
- ☐ To cope with problems with your children
- ☐ To cope with problems with your lover
- ☐ To cope with problems with your parents
- ☐ To feel better about being lesbian or gay
- ☐ To fit in with lesbians or gays
- ☐ To fit in with other people who are drinking
- ☐ To fit in with people who are not lesbian or gay
- ☐ To forget
- ☐ To function or perform better
- ☐ To get drunk
- ☐ To have sex with men
- ☐ To have sex with women
- ☐ To improve sex
- ☐ To meet other lesbians or gays
- ☐ To party with friends
- ☐ To prepare for work or school
- ☐ To reduce your appetite
- ☐ To relax
- ☐ To relieve a hangover
- ☐ To relieve or avoid anxiety
- ☐ To relieve or avoid boredom
- ☐ To relieve or avoid emotional pain
- ☐ To relieve or avoid physical pain
- ☐ To sleep
- ☐ To wake up
- ☐ When there is nothing else to do
- ☐ When you are angry or upset
- ☐ With a meal

Please place a mark in the space [] next to ALL of the following responses that describe your use of drugs.

When you use drugs, do you use in any of the following places:

- ☐ I do not use drugs (you may skip to the next box of questions)
- ☐ At a bar
- ☐ At a restaurant
- ☐ At someone else's home
- ☐ At work
- ☐ At your home
- ☐ In a car
- ☐ In another public place (park, theater, on the street, etc.)

When you use drugs, do you use:

- ☐ I do not use drugs (you may skip to the next box of questions)
- ☐ Because your lover uses drugs
- ☐ Because you feel different from other people
- ☐ To avoid thinking about problems
- ☐ To be less shy
- ☐ To be more brave
- ☐ To cope with problems with your children
- ☐ To cope with problems with your lover
- ☐ To cope with problems with your parents
- ☐ To feel better about being lesbian or gay
- ☐ To fit in with lesbians or gays
- ☐ To fit in with other people who are using
- ☐ To fit in with people who are not lesbian or gay
- ☐ To forget
- ☐ To function or perform better
- ☐ To get high
- ☐ To have sex with men
- ☐ To have sex with women
- ☐ To improve sex
- ☐ To induce vomiting after eating
- ☐ To meet other lesbians or gays
- ☐ To party with friends
- ☐ To prepare for work or school
- ☐ To reduce your appetite
- ☐ To relax
- ☐ To relieve a hangover
- ☐ To relieve or avoid anxiety
- ☐ To relieve or avoid boredom
- ☐ To relieve or avoid emotional pain
- ☐ To relieve or avoid physical pain
- ☐ To sleep
- ☐ To wake up
- ☐ When there is nothing else to do
- ☐ When you are angry or upset
- ☐ With a meal

Please place a mark in the space [] next to all of the following responses that describe your experiences during the past year.

During the past year have you ever:	
[]	Become violent when drunk or high
[]	Been forced to have sex when you didn't want to
[]	Been injured when you were drunk or high
[]	Been preoccupied with getting drunk or high
[]	Been the victim of violence when you were drunk or high
[]	Been told by someone else that you have a drinking or drug problem
[]	Drank more alcohol or used more drugs than you wanted to
[]	Experienced any loss of memory from drinking or drug use
[]	Gotten drunk or high alone
[]	Had sex only because you were drunk or high
[]	Had unsafe sex only because you were drunk or high
[]	Left an intimate relationship due to the other person's drug or alcohol use
[]	Lost an intimate relationship due to your drug or alcohol use
[]	Missed work or school because of drinking or drug use
[]	Neglected important responsibilities in order to drink or use
[]	Planned to get drunk or high
[]	Stayed drunk or high for several days
[]	Taken drugs to reduce your appetite
[]	Taken extra dosages of prescribed medication
[]	Tried to stop drinking or using but couldn't
[]	Used alcohol to treat your own physical or emotional pain
[]	Used drugs to throw-up or have a bowel movement <u>after over-eating</u>
[]	Used non-prescribed drugs to treat your own pain

Please circle Yes or No for each of the following questions.

Are you worried about your drinking?	Y / N
Are you worried about your drug use?	Y / N
Do you think you currently have a problem with alcohol abuse?	Y / N
Do you think you currently have a problem with drug abuse?	Y / N
If you had a problem with alcohol or drug abuse, would you seek help?	Y / N
If you had a problem with alcohol or drug abuse, would you know how to find help?	Y / N
As an adult, have you ever been sexually assaulted?	Y / N
As a child, were you ever sexually assaulted or abused?	Y / N
Within the past year, has your drinking or drug using caused trouble with your lover or partner?	Y / N
Within the past year, has your drinking or drug using caused trouble with your children?	Y / N

Within the past year, has your drinking or drug use isolated you from your family?	Y / N
Within the past year, has your drinking or drug using caused trouble at work or at school?	Y / N
Within the past year, has your drinking or drug using gotten you into trouble with the law?	Y / N
Within the past year, have you had sex with someone in order to get alcohol or other drugs?	Y / N
Within the past year have you ever stopped drinking or using, then gone back to drinking or using again?	Y / N
Have you ever completed a live-in residential program for your alcohol or other drug use?	Y / N
Have you ever started, but not completed, a live-in residential program for your alcohol or other drug use?	Y / N
Have you ever completed a non-residential or out-patient program for your alcohol or other drug use?	Y / N
Have you ever started, but not completed, a non-residential or out-patient program for your alcohol or other drug use?	Y / N
Are you comfortable with being lesbian, gay, or bisexual?	Y / N
Has your being lesbian, gay, or bisexual ever interfered with your ability to get services for alcohol or other drug abuse?	Y / N
Are you concerned about your lover's or partner's drinking or drug using?	Y / N
Are you concerned about your children's drinking or drug use?	Y / N
Within the past year, have you spent more money than you wanted to on alcohol or other drugs?	Y / N
Within the past year, have you stopped spending time with people because they <u>don't</u> use alcohol or other drugs?	Y / N
Within the past year, have you stopped spending time with people because they <u>do</u> use alcohol or other drugs?	Y / N
Has your alcohol or other drug use ever resulted in your participation in unsafe sexual practices?	Y / N
Are you currently talking with a professional counselor about your drinking or drug using?	Y / N
Do you ever talk with your friends or family about your drinking or drug using?	Y / N

Please place a mark in the space [] next to all of the following responses that describe your experiences.

Have any of the following ever kept you from receiving alcohol or drug abuse services:

- [] You did not have enough money or insurance to pay for services
- [] No one would take care of your children while you were in the program
- [] A program did not have space to accept you when you wanted services
- [] A program would not accept you because of your sexual orientation
- [] A program would not accept you because of your HIV serostatus
- [] You were afraid you would lose your job
- [] You were afraid you would lose your children
- [] You were afraid you would lose your lover
- [] You were afraid someone would find out about your sexual orientation
- [] You were afraid someone would abuse you because of your sexual orientation
- [] You were afraid to admit you have a problem with alcohol or drugs

Please circle the section of each of the following boxes that best describes your experience.

How much school education have you completed:

8th grade or less	Some high school	High school graduate	Some college	College graduate	Post-college
----------------------	---------------------	-------------------------	--------------	---------------------	--------------

Do you receive any of the following forms of income assistance:

AFDC	Disability	Food Stamps	Social Security	SSI	Student Loans or Grants	Unemployment	I do not receive income assistance
------	------------	----------------	--------------------	-----	-------------------------------	--------------	---

With whom do you live (please mark all that apply):

- [] I live alone (you may skip to the next box of questions)
- [] a lover
- [] roommate(s)
- [] my children
- [] someone else's children
- [] my parents
- [] other relatives

Are you in a primary relationship with a lover at the current time?

Y / N

If yes, how long have you been together? _____

How many gay, lesbian, or bisexual organizations do you currently belong to?			
None	One	Two or three	Four or more

How long have you identified yourself as a lesbian, gay, or bisexual?				
Less than one year	1 - 2 years	3 - 5 years	6 or more years	I do not identify myself as lesbian, gay, or bisexual

Are you employed at a paying job?	Y / N
If yes, what is/are your job(s)? _____	
In the past year, did you receive financial help from your family?	Y / N
In the past year, did you sell drugs as a source of income?	Y / N
In the past year, did you engage in prostitution or other sex work as a source of income?	Y / N

Are you a parent?	Y / N
Are you a full-time student?	Y / N
Are you a part-time student?	Y / N
Do you have a physical challenge or disability?	Y / N
Do you have a mental disability?	Y / N

Comments:

THANK YOU FOR COMPLETING AND RETURNING THIS SURVEY.

(fold here)

Place
stamp
here

EMT Associates, Inc.
3090 Fite Circle, Suite 201
Sacramento, CA 95827
ATTN: Jill Kelly

APPENDIX B

SERVICE INVENTORY SURVEY

**ALCOHOL AND OTHER DRUG SERVICES
FOR LESBIANS AND GAY MEN**

APPENDIX C

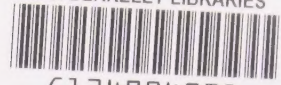
SURVEY DISTRIBUTION POINTS

APPENDIX C

SURVEY DISTRIBUTION POINTS

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Kairos Caregiver Conference
Woman, Inc.
Black Coalition on AIDS
Lyon Martin Health Services
Old Wyves Tales Bookstore
Modern Times Bookstore
Options for Women Over Forty
Women's Building
BANGLE (Bay Area Network of Gay and Lesbian Educators)
BACW (Bay Area Career Women's Network)
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